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Corneal Ulcers and
Opacities

Thesis

For the Degree of

M.D.

By

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The subject which I have chosen for my Thesis
is

Corneal Ulcers and Opacities

It has always appeared to me that Ulcers of the Cornea are not only the commonest of all eye complaints but the results left by them are often so disastrous to sight and also so disfiguring that I think a special study of this disease and especially of its treatment is one that should be of the greatest interest to oneself and also of the greatest benefit to our patients.

No more pitiful sight can be seen than the poor suffering children who are brought to the Out-patient Departments of our hospitals with this complaint and anything that will quickly relieve their distress is much to be sought after.

As a Text to my Thesis I take the 1910 Annual Reports of Two Eye Hospitals:-

- (a) St. Paul's Eye Hospital, Liverpool
- (b) Royal Eye Infirmary, Manchester.

On looking over the Report of my own Hospital (St. Paul's) I was struck with the large number of Ulcer cases which came under our care.

I therefore sent for the Manchester Eye Hospital Report to see if such a condition of things existed with them.

The result is startling. Their numbers are nearly double.

As Liverpool and Manchester practically are the principal centres of Lancashire I did not pursue this further, as I take it that these two Hospitals must give a good average opinion of the terrible amount of Corneal Ulcers that are to be met with.

The Methods of Classification adopted and the different methods of treatment adopted, matter little, so long as we get good results.

I do not intend therefore to criticise these different methods, but simply to give a plain statement of facts, which I have seen and treatments which I have adopted and hope to show results, which I trust will be considered satisfactory.

Extracts from the Reports

1. Liverpool:

St. Paul's Eye Hospital Annual Report 1910.

Diseases of the Eye

Cornea:

(a)	Ulcers of	567
(b)	Opacities of	269

Operations:

Cornea:

Kerotomy for Simple Ulcer	67
" " Sloughing Ulcer	26
Guthrie's Section for Sloughing Ulcer	2
Cauterization for Sloughing Ulcer	19

2. Manchester

Royal Eye Infirmary Annual Report 1910.

Diseases of the Eye

Cornea

(a) Ulcer of Cornea	907
" " " Perforating	14
" " " with Hypopyon	110
Serpiginous Ulcer	17
Necrosis of Cornea	3
(b) Leucoma and Nebulae	249
Adherent Leucoma	24
Lead Opacity	1

Operations:

Cornea:

Section of Cornea for Hypopyon	10
Application of Cautery to Corneal Ulcer	43
" of Pure Carbolic Acid	28

On studying these tables the first point to be noted is that at St. Paul's Hospital all Ulcers are evidently grouped together without distinguishing their different characters or complications, whereas in the Manchester Report Ulcers are divided up into

- (a) Simple
- (b) Perforating
- (c) With Hypopyon
- (d) Serpiginous
- (e) Necrosis

The same thing applies to opacities.

St. Paul's Hospital Report. Simply
Opacities

Manchester Hospital Report. Opacities
are divided up into

- (a) Leucoma and Nebulae
- (b) Adherent Leucoma
- (c) Lead Opacity

The result is therefore simply this

St. Paul's Hospital

Ulcers 567

Opacities 269

Manchester Hospital

Ulcers 1051

Opacities 274

Operations

<u>St. Paul's Hospital</u>	114
<u>Manchester Hospital</u>	81

It is most interesting to note that at Manchester Hospital, with 1051 Ulcer Cases, only 81 operations are performed. While at St. Paul's Hospital with only 567 Ulcer Cases 114 are operated upon.

The difference can be accounted for however, as at St. Paul's Hospital special operations for Corneal Ulcers are performed and these will be described later.

Taking these figures alone, it shows the enormous number of cases dealt with at the Hospitals and as it is naturally presumed that a similar number of cases are seen at all Eye Hospitals, we are forced to recognise the serious nature of this complaint. And when in addition we have before us, such startling figures as opacities 269 and 274, which in nearly all cases are the results of Ulcers or Corneal Inflammations, it seems to me to be a subject well worthy of serious consideration.

What are the causes of these Ulcers?

In what Class of Patients do they occur?

What is the Result of Treatment?

Can nothing be done to prevent this too common
cause of Defective Sight?

What Treatment must we adopt?

I hope in my Thesis to answer some of these questions by giving the results of my own personal experience at St. Pauls Eye Hospital.

It must be apparent to all, who are acquainted with the disastrous effects which may follow so many Corneal Ulcers, that unless something can be speedily done to stop their progress very soon the condition will spread and what at one time was a Small Simple Ulcer, will soon lead to a condition which if it does not permanently destroy the eye, will at anyrate disfigure it with nebulae of more or less density. I have seen small painful ulcers which at first look innocent enough but on the next visit of the patient, one saw a condition of things which demanded immediate attention.

The Class of Cases to which I refer are seen mostly in the Outpatient Departments of all our Eye Hospitals. Of course in this class of patients one sees Ulcers in all their worst forms and no matter what treatment is adopted, there is always the difficulty of having one's directions carried out properly, no matter how simple they are.

Hospital Outpatients seem to have such a wonderful knack of doing exactly what they ought not to do and they seem to be unable in many cases to grasp the importance of simple but

necessary details; so that often enough from ignorance and want of thought, things go wrong and the condition of the eye is worse when next you see it.

We must also remember the conditions in which many Outpatients live:

Their unhealthy homes; their improper feeding; their neglect of personal cleanliness.

All tend to aggravate the condition and I am certain that is why we have so many failures with our Outpatient treatment.

Ulcers of the Cornea can be divided into:

1. Simple
2. Multiple
3. Perforating
4. Sloughing
5. Hypopyon
6. Serpiginous
7. Traumatic

1. Simple:

Simple Ulcers occur most in young children. As a rule the child is in a bad state of health and the vitality of the tissues is low. They may be caused in the first instance by cold or some constitutional weakness; they are commonly the sequelæ of Measles and Scarlatina. One or both eyes may be affected.

They are often associated with Blepharitis, Eczema Tarsi or some other local condition. Adults often have them, from no very apparent definite cause, but you often get them in adults following some other inflammatory condition in the eye.

The following case proves this:

Isabella Murphy, age 46: Case No.219.

Condition on 7th February, 1912:

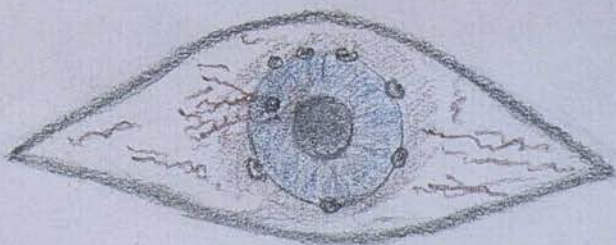
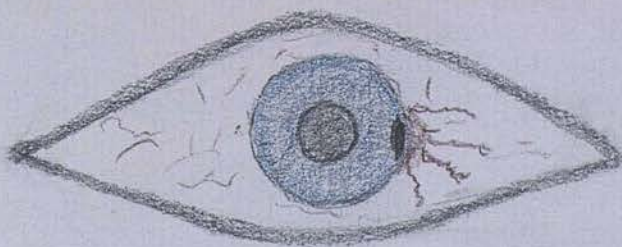
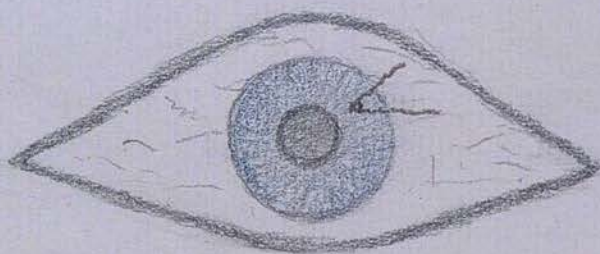
History: Eyes had been tender for 5 months but nothing else, but the week before coming, a painful spot developed on the Cornea. There was a zone of inflammation all round the Cornea, and a small painful ulcer on the Cornea itself with one or two vessels leading up to it. Nothing further developed and it soon gave way to treatment.

The principal symptom is Photophobia. The child won't lift up its head. He burrows his face in the bed clothes; he avoids the light as much as possible. As a rule there is great pain.

On opening the eye you will find a very small painful Ulcer: its situation varies, it may be right in the centre of the cornea with a small vessel leading up to it, or it may be at the side of the Corneo-Sclerotic

junction, with a zone of inflammation round it, and many large conjunctival vessels connected with it.

It will vary in size from a pin point to quite a large ulcer.



The Above Sketches were taken from Life.
and show both Simple and multiple
ulcers.

2. Multiple Ulcers:

These ulcers have the same symptoms as the Simple Ulcers but the condition is much exaggerated.

The patient is brought to you with swollen eyelids, often glued together with discharge. On the eyes being opened, a quantity of water actually squirts out.

It is frequently quite impossible to get a proper look at the eye without either using a retractor or giving an anaesthetic. The Conjunctiva may be found swollen and oedematous or simply very much flushed all round the Cornea.

The Cornea itself may be clear or hazy according, to the severity of the case. You may have one or two Small Corneal Ulcers varying in size or a complete ring of small painful phlectenular ulcers all round the Corneo-Sclerotic junction, the conjunctival vessels being enlarged and sending branches to the ulcers.

Photophobia is intense and there is much pain and discomfort.

3. Perforating Ulcer:

The majority of these ulcers, are in my opinion, brought on by neglect.

An ordinary ulcer when seen early and properly treated very seldom goes so far as to cause perforation.

The children in most cases are brought with the perforation having already taken place.

The history is nearly always the same. "The child had "a sore eye" for the last two or three weeks and no particular notice was taken of it. As it did not get better household remedies were applied, such as bathing with Boracic Lotion. Tea-leaf or bread poultices were applied and probably in some cases, some advertised remedy. These remedies doing no good, in all probability the local chemist is next consulted, who fortunately advised immediate attendance at the hospital."

The little patient is in a neglected and wretched condition and when you open the eye, the damage has been done.

If the perforation is small, you see the iris, like a small black bead, protruding through the opening.

If the damage done is greater you may have a condition that will permanently cause loss of sight, owing to dense nebulae resulting or even

you may have the eye collapsed and removal is the only remedy.

Perforation occurs often however in cases where no neglect has taken place, and this is especially seen in some cases of Ophthalmia Neonatorum where the condition goes from bad to worse, no matter what you do.

Perforating Ulcers are therefore to be looked upon as a most serious condition.

4. Sloughing Ulcers:

A Sloughing Ulcer is a most serious condition and immediate stringent measures must be taken to check it.

The rapidity of its spread, and its severity will of course depend on several conditions, such

- as
- (1) The health of the patient;
 - (2) The amount of inflammation present;
 - (3) The cause of the original ulcer;
 - (4) The nature of the micro-organism present.

The ultimate effect, however, is always serious, because although many of these ulcers give way to treatment, such as the application of the Cautery, etc., you are sure to have a nebula, small or large, with a density according to the severity of the case.

X
The sloughing may go on to perforation with all its concomitant evils of prolapsed iris, synechia^x both anterior and posterior or leave the eye in a Staphylomatous condition.

Under this head must also be included

Necrosis of the Cornea which is simply an advanced condition caused by sloughing.

I have seen the whole of the front of the cornea come away like a lid from a box, leaving nothing to be done but complete enucleation of the contents of the globe.

All these conditions of Ulceration

- (a) Simple
- (b) Perforating
- (c) Sloughing

are to be met with in cases of Ophthalmia Neonatorum and are the cause of the terrible conditions which are to be met with in these cases.

The micro-organism present in most cases being gonococci is a virulent one and the cornea in a newly born child is so delicate that very soon complications begin.

In a few hours you have a hazy cornea, next day perhaps, when you examine the eye, you have in addition a small patch appearing and this gradually extends or breaks down and Ulceration soon takes place. The small delicate eye cannot stand the virulent germ and destruction

soon takes place.

There is no Ulceration of the Cornea so quick in its action and so terrible in its ravages, than that formed in an acute case of Ophthalmia Neonatorum.

Later I will deal with this in describing the treatment as carried out at St. Paul's Eye Hospital.

5. Hypopyon Ulcer:

This is a complication which very frequently occurs in all severe cases of Corneal Ulcer.

Sometimes you see it with even a very small ulcer, but one which is complicated with a great amount of keratitis. "The pus of Hypopyon issues from the irido-corneal angle, from the iris and in some severe cases, also from the ciliary body, from whence it flows across the pupil and drops down to the floor of the anterior chamber." (Norris & Oliver).

The pus is therefore in the anterior chamber and in the most dependent part and if the case is getting worse and resisting treatment you can see it gradually rising until the lower half of the chamber is quite full.

It is astonishing, however, how these cases get well, by means of the treatment to be afterwards described, but it is a complication of a most serious nature and must always cause much anxiety.

It is said to be caused by direct infection from the ulcer and prognosis must be very guarded.

6. Serpiginous Ulcer:

There is no form of ulcer more treacherous and more disastrous in its effects than the so-called Serpiginous or Creeping Ulcer of the Cornea. It looks so innocent at first and even is very often missed, so that before some radical treatment has been adopted, it has left a permanent effect on the clear transparent cornea.

It begins as a rule in the centre but sometimes also at or near the margin of the cornea and gradually extends notwithstanding all ordinary treatment. There is a distinct margin to it and it seems to affect at first only the epithelial layer and the tract it leaves behind may be anything from clear to hazy according to the intensity of the infection.

The spread is generally uniform all round so that soon a large area is affected and if

not speedily checked, a permanent dense nebula is left which quite obliterates the sight.

That this form of ulcer is fairly common is borne out by the Manchester Hospital Report which shews 17 for the year 1910.

In the St. Paul's Report they are not mentioned specially and therefore must appear under Corneal Ulcers, but I myself cannot recollect seeing more than 2 or 3 in a year.

Like all special diseases, you seem to get several about the same time and then not again for a long period. As a rule the Cautery is used in these cases.

7. Traumatic Ulcers:

These ulcers are naturally very common as they are caused in most cases by the entrance of Foreign Bodies.

When one considers the enormous number of injuries to the Cornea it is not surprising that this is a fruitful source of ulcers, both simple and serious.

In the Manchester Report we have -

"Injuries by metal chips" etc. 5372

St. Paul's Report -

Injuries by metal chips etc. 420

The St. Paul's Report shows obviously that it is very short of the actual number, as many of these cases are dealt with at all times of the day by Out-patient Nurses and are treated as trivial and not entered.

The following is a general example of the kind of case you have to deal with:

A man at work is struck in the eye with a chip of metal, a fire as they call it, or working at an emery wheel gets some of the dust in his eye or even a spark.

The result is that a small foreign body gets embedded in the cornea. It causes great pain and inconvenience. He cannot go on with his work.

In nearly all workshops there is generally one of the men who is considered an expert at removing these foreign bodies, and he does his best to remove it, probably with the point of his knife or some such handy instrument. If it is a large piece he may get it out, if it is small and he cannot, somebody else will have a try. In many cases the result turns out all right but in many others there is failure and he comes to the Hospital.

You have now to deal with, not only the impacted foreign body, but also with a regular

sore brought on by scraping off the epithelium, due to this first-aid treatment.

Is it any wonder that many of these cases go wrong, and a small painful traumatic ulcer is the result?

But the Foreign Body itself without interference can cause a wound which soon ulcerates.

If it is simply dust or grit, it may be septic to begin with, and then again it is quite a common occurrence for a foreign body to be lodged in the eye several days before the man comes to consult you and already the mischief is done.

You see the foreign body embedded in a spot surrounded by lymph, a general haziness all round it and the eye tender and watering.

Active treatment must be adopted at once or you soon have it spreading all over and a general keratitis set up.

I have seen many cases where this has gone on to Hypopyon and in some cases the eye has been destroyed altogether.

At anyrate such cases always leave nebulae of more or less density.

Bearing out these points I have a very interesting case which showed everything from the original foreign body to the dense nebulae:

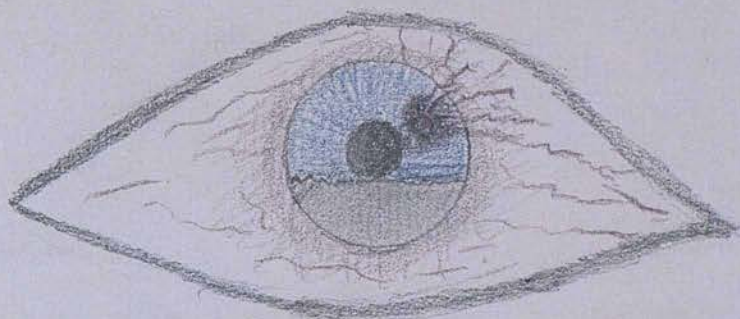
Case No.1721. Joe Sheppard: Age 17.

History: Struck in left eye with piece of
Nov.1911. : rust which was removed and treat-
ed with Ung. A.B.C. (Atropine
Boracic & Cocain). A small Septic
Ulcer formed - keratitis quickly
developed and I admitted him to
Hospital with a badly inflamed eye,
Acute Keratitis - the Cornea being
quite hazy - the ulcer having a
sloughing look.

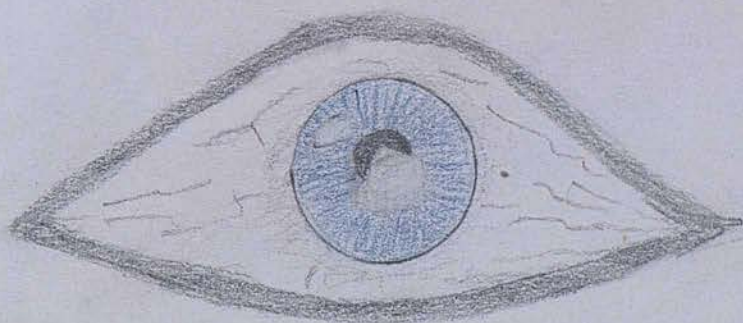
After prolonged treatment, such as hot fo-
mentations, leeches and kerotomy the eye gradu-
ally quietened down but a dense nebula was left
right over the pupil, and he could see nothing
at all on January 8th, about one month after
admission.

Treatment for the nebula was now adopted,
as will be described later, and on the 16th
February the white look has gone, the surround-
ing parts have all cleared up and we hope to give
him quite a useful eye.

It was an acute case brought on by a Simple
Foreign Body and had energetic means not been
adopted it would have been a case of a simple
speck destroying an eye.



Hypopyon Ulcer



NEBULAE.

Treatment of Ulcers

Treatment of Ulcers of the Cornea may be divided into

- (a) Local
- (b) General
- (c) Hygienic
- (d) Preventative

but in practically all cases you must combine all these conditions.

What is the use of ordering a poor, half-starved child, who comes to the Outpatients' Department, eye-drops and a bottle of medicine?

No matter how simple the ulcer may be when you see it, you must give very definite instructions and see that they are carried out.

Insist upon the patient coming each day and have the eye properly dressed and bandaged.

Give the patient a tonic medicine and order the child to be kept in bed as much as possible and also have it fed up.

Enquire into its home surroundings.

Enquire into its diet.

Be guided by the appearance of its friends.

Experience will soon tell you what to do. If in a few days no improvement sets in you must as soon

as possible take the patient into Hospital.

Hot Baths; a clean bed and surroundings, good food and regular simple treatment will in most cases suffice.

This is well shown in the following simple case:

"Case No.245:

Gladys Buckley: Age 3½ years.

10th Feb. 1912. Seen in Outpatient Department. Small painful central ulcer. Child can't open her eyes. Avoids the light. Been bad for some considerable time.

As she came from a distance I admitted her at once and ordered simple treatment as described.

14th Feb. Was sitting up in bed playing with toys.

21st Feb. Quite fit to be discharged.

If you have Multiple Ulcers

Both Eyes affected

Pus in the Eye

or if any of the serious conditions already described are present, don't try to treat your case as an Out-Patient. You must admit the case at once.

If there are absolutely no urgent symptoms of serious danger such as Sloughing etc., then treat in

the first place as in Simple Ulcers. It is marvellous how bad cases even get well with practically hygienic treatment and surroundings.

If in a few days things are not improving then something more must be done. An operation of some kind is absolutely necessary to cut short the disease. It may be you want to

- (a) Scarify
- (b) Incise
- (c) Cauterise
- (d) Apply some special form of treatment.

At anyrate put the patient under an anaesthetic and have a good look at the eye and if a simple remedy will suffice do it at once.

In St. Paul's Hospital for nearly all these cases we have only one operation, viz., that of Kerotomy.

We use it in nearly all inflammatory conditions of the eye, but for Corneal Ulcers we consider it almost a specific. It absolutely in many cases cuts short the disease and in most cases at least it hastens the cure to a rapid degree.

In St. Paul's Hospital Report I see that Kerotomy has been performed as under:-

Simple Ulcer	67 times
Sloughing "	26 "
Interstitial Keratitis	50 "
Pannus	1 time

This operation is always used in conjunction with other remedies and we find that they act with more beneficial effect.

The operation is the invention of the late "Mr. George Edward Walker, F.R.C.S., late Senior Surgeon and Founder of St. Paul's Eye Hospital and he employed it in all inflammatory conditions."

The effect on the Cornea is almost instantaneous - a hazy Cornea will be seen to clear up almost before you have finished.

I, personally, have performed this operation some hundreds of times during the last 20 years and have always found it quite efficacious in all my cases. Hopeless looking cases give way to it and many an eye has been saved by it.

A detailed description will be given at the end of treatment.

General Treatment:

Put your patients to bed and keep them there.
Give tonics such as Syr. Ferri-, Iodidi-, Maltine and Cod Liver Oil. Feed them up as much as possible; occasional hot sponging or baths; strict personal cleanliness.

Keep the eye well bandaged, at any rate in the early stages. This keeps the eye at rest. If much pain or discomfort keep both eyes bandaged.

Wash out two or three times a day with warm Boracic Lotion.

Instil Atropine, Eserine or Cocain according to the condition.

Use Chloride of Zinc, Argylol, Protargol, or Powders, especially Iodoform and Boracic mixed, if there is any suppuration.

If much pain, hot fomentations and leeches if necessary.

Give Hyd. C. Cret. Powders to keep the bowels acting, and this drug also has a general good effect.

For Outpatients have your drugs made up in Unguentum form, as this not only seems to be easier applied, but it also saves waste.

My experience of the following drugs is as under:-

1. Boracic Acid:

This is generally made up 4 grs. to oz. and can be used in all Simple Ulcers either as Unguent or Guttae.

It is best combined with a little Cocain as this relieves the pain and the photophobia. It can also be combined with Atropine or Eserine in strengths from 1 to 4 grs. to oz. I find it excellent for washing out the eyes.

2. Corrosive Sublimate:

Can be used as drops in strength of from 1 in 2000 to 5000. It is an excellent antiseptic but must

be carefully used. I am always afraid of further irritating the condition and unless very carefully prepared this drug is apt to cause ciliary pain and injection for some time.

I therefore do not use this drug very much.

3. Cocain is certainly the most useful drug we have. It eases pain, it relieves photophobia, it deletes the bloodvessels, and so relieves congestion; it slightly dilates the iris and keeps the eye at rest.

It can be used as an Unguent, in strengths of 1 to 4 grs. to oz., and as Guttae from 1 to 20%. A 5% solution is generally all that is required.

It can be combined with any of the other eye drugs.

It is used in all inflammatory conditions.

4. Atropine:

Children, as a rule, stand Atropine fairly well, so in all cases it is as well to add a little to your prescription, in simple cases even.

In severe cases, such as Sloughing Ulcers, Hypopyon, etc. you must always use it to keep the iris well dilated. Strength, 1 to 4 grs. to oz.

Atropine relieves pain by dilating the pupil and so relieves ciliary spasm. If using it often the nurse should press her finger on the canaliculus to prevent too much absorption.

Atropine swelling is not uncommon. The lids get oedematous and the surrounding parts swell up and may even become quite eczematous.

Drop the Atropine at once and use some form of Cooling Lotion such as Lotio Plumbi or Lotio Calaminae. This followed by a dusting powder, when the acute symptoms have subsided, gives good results.

If an ointment is required use the Ung. Glycerini Plumbi Subacetatis

In Adults I have seen one or two cases of delirium following the use of Atropine drops.

They must never be used if there is any increase of ocular tension.

5. Duboisin and Scopolamine are used when Atropine cannot be tolerated or when prolonged treatment is necessary.

6. Eserine:

Has a very curative effect on many ulcers and can be used in strengths of 1 to 4 grs. to the oz. If you have any perforation or signs of perforation use it at once or if there is any increase of ocular tension.

7. Argyrol & Protargol:

Are most useful in cases of suppuration. I have had best results from argyrol.

It can be used in strengths from 5 to 20% in most cases. If you have a gonococcal infection use it up to 50%.

8. Chloride of Zinc:

Has a similar excellent effect on suppuration but must be used very weak, $\frac{1}{2}$ to 1 gr. to oz. as a rule is sufficient.

I am very fond of combining it with cocain to take away the smarting effect. Where Argyrol fails you can fall back on Chloride of Zinc and vice versa.

9. Lotio Nigra:

There are many cases which do not seem to improve with anything. You try all the different remedies

in rotation and wonder what to do next.

It struck me once, that if Lot. Nigra was such a good thing for Ulcers elsewhere and as Calomel is often used in dry form, why should it not do for Eye drops.

I used it in a long series of cases and got most excellent results and now when the other remedies seem to fail, I always fall back on it with good effect. Very often one uses it at once. There are some eyes which you seem to know will do well with it.

It is a remedy seldom used elsewhere as far as I know but I can strongly recommend it.

10. Lotio Plumbi:

This must never be used as an Internal remedy, in the way of eye drops, in ulcer cases.

It is excellent for fomenting the closed eyes with and thus relieving pain but if used on a Cornea when the epithelium is off or there is any ulceration you run a great risk of a lead deposit, and a white permanent patch remains. I have at present (February, 1912) two such cases under treatment and nothing could be done but scrape off the deposit.

Combined with spirit (Lot. Plumbi. C. Spirit Vin. Rect.) you have an excellent cooling, evaporating lotion for inflamed conditions of the eyes and lids.

There are many more kinds of drops such as Dionin, Eucaïn, Alynin, etc. and they are the favourites of many oculists. I have tried them all but generally come back to some of the older remedies above described, which I find give equally as good if not better results.

Powders:

The old treatment of dusting Calomel Powder into the eye has, here, at anyrate got into disuse. I have seen splendid results from it but I prefer the Lotio Nigra. when it is indicated. It is much easier and more comfortable for your little patients to use drops.

There is one powder, however, which we use very largely in Hospital, viz., a mixture of Iodoform and Boracic Acid about $\frac{3}{4}$ to oz.

It is especially good in all forms where there is suppuration - in sloughing cases, Necrosis of the Cornea, or Hypopyon.

After, say a Kerotomy, has been performed the after treatment in many cases would be -

1. Wash out with warm Boracic Lotion
2. Dust in I. B. powder.

Nurses always report better results from this treatment than any other.

The Ward Sister always adopts this treatment if

the case is left in her care.

Chronic or slow healing ulcers, general congestion, pus in the eye etc., all give way to it very rapidly.

It causes very little inconvenience and children stand it well.

Illustrative Case:

Case No.183: Olive Jamieson: Age 18

Admitted to Hospital 31st Jan. 1912.

Case of Multiple Ulcers - Right Eye.

Had been under treatment elsewhere for six months. Eye very inflamed and painful.

Treatment:

1. Kept in bed
2. I. B. Powder dusted in twice daily.
3. Eye kept bandaged.
4. Ung. Hydrag. rubbed into body.

16th Feb.: Eye absolutely clear except for 3 small nebulae. Allowed to get up.

21st Feb. Eye still clear. To be kept in Hospital another week for general treatment.

2nd March: Discharged - Cured.

Medicines:

Very few drugs require to be used in these cases.

I have already mentioned tonics such as Iron, Cod Liver Oil, etc.

I wish, however, to emphasise the importance of Mercury.

For Children I always order

Hyd. c. Cret. gr. i. once or twice a day.

This undoubtedly does a lot of good. It seems to have a better general effect than anything else.

I think it should be given to all children with Corneal Ulcers, as a routine treatment.

For Adults: If you have a chronically inflamed condition, if the accompanying Keratitis is severe, if there is much Hypopyon, Mercury should be given in the form of Inunction.

This, in my experience, is the only way to get a good effect.

It has a wonderful effect in reducing inflammatory conditions of the eye.

Quinine:

As a tonic this practically is the only other drug used for Adults in these cases, and if they are not getting Inunction of Mercury they are getting Quinine.

Sedatives:

If there is much pain or sleeplessness sedatives may be required. Opium and its derivatives can always be used and such drugs as Sulphonal etc. have their uses in many cases.

Aperients:

I prefer the ordinary Mistura Alba to all the others for Hospital Cases but any of the well known Aperient waters can be used.

The Caутery:

This remedy is naturally only required in severe cases, such as

- (a) Chronic Ulcers
- (b) Sloughing "
- (c) Serpiginous "
- (d) Perforating "

I see by the Manchester Report that they use it a great deal in Corneal Ulcers:-

"Application of Caутery to Ulcers - 43."

I seldom use it except for special treatment as above, not that I consider it a too severe form of treatment, as it is really remarkable how much the Cornea will stand, but Kerotomy does away in most cases for its necessity.

I have used the Caутery very extensively in the treatment of Corneal Opacities as I will explain later on.

G L A S S E S

Dark Glasses:

These are of very great value when the case is getting well. It allows your patient to get about comfortably until the eye is quite well when he can then have his refraction properly tested and proper glasses ordered.

Ordinary Glasses:

All children who have had Ulcers of the Cornea should as soon as possible have their eyes properly tested and made to wear glasses.

This is an after treatment which is often forgotten and is of the greatest importance.

Many of these children are suffering from eye-strain - many are Hypermetropic or Myopic - many have Astigmatism and if this condition is not seen to, you get a recurrence very soon indeed of the Corneal inflammation and especially if they are attending school.

Drop Bottles:

It may appear a small matter, but if you want good results you must attend to details.

Drop Bottles must be kept clean. They should be thoroughly sterilised each time fresh drops are added.

The Drops themselves must be sterile.

In Hospital, a bad case should have its own bottles and strict orders given that they must be used for no other case.

Nurses are apt to be careless at times in putting drops in an eye.

They allow the dropper to touch the conjunctiva, the eye-lashes or lids, and if there is any discharge it is infected at once. If this is placed back in the bottle it ruins the rest of the drops.

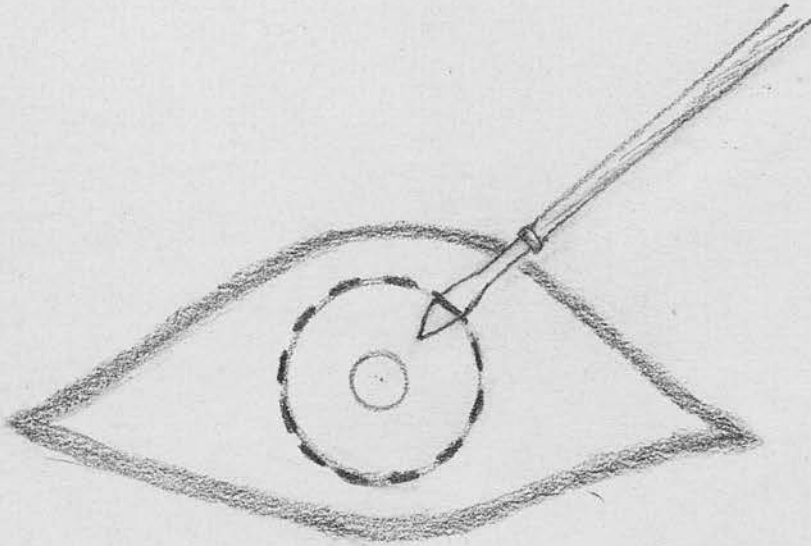
In dealing with children, it is often difficult to avoid this but it is of the greatest importance that this source of infection should be noted and avoided.

The Operation of Kerotomy

This operation consists of making free incisions, by means of a Broad Needle, through the Corneo-Sclerotic junction into the anterior chamber.

These incisions are made by simply pushing the needle through until the point appears in the anterior chamber or until the needle is buried up to the shoulder.

The number of incisions varies with each case but as a rule it is necessary to carry them all round the Cornea.



If you have simply one **Marginal Ulcer** with several vessels leading to it, it may be only necessary to make 3 or 4 incisions but the number need never be limited as the operation never produces any harmful results and you are more likely to make too few incisions than too many.

Multiple Ulcers, Sloughing Ulcers, Hypopyon or Necrosis require complete Kerotomy.

It is often necessary to repeat the operation 2 or 3 times, with an interval of at least a week between each, but this would only occur in some very bad case.

Instruments required:

After a prolonged trial of all sorts of cutting needles and knives, it has been found that the Broad Needle answers best.



It is best to use it always of one Standard Size but in children's eyes you may use a smaller one but this is not absolutely necessary.

The needle has cutting edges and must always be in good condition. The point must be perfect and the edges must be sharp.

It is therefore necessary to keep several needles always in good condition as they get out of order after a few operations.

The operation is so easy to perform with a sharp instrument and so harassing and difficult with a blunt needle.

You operate in the usual ophthalmic position - Place your patient on the operation table and stand behind the head.

The only instruments required are

1. Lid Retractors
2. Catch Forceps
3. Broad Needle.

In most cases the eye bleeds very freely and in this way does good.

You cut off the blood and lymph supply to the Cornea and you cut across large vessels leading directly to the Ulcer. You tap the Anterior Chamber. You relieve general tension.

It is a case of general depletion all round.

The result in many cases is simply short of marvellous in simple cases, and as a preliminary to treatment in serious conditions it has the most excellent results.

Dangers to be avoided:

1. Prolapse of Iris
2. Injury to Iris
3. Injury to Lens

1. Prolapse of Iris:

This as a danger was soon recognised especially if too broad an incision was made and it was only after a long trial of various knives and needles that the present broad needle was adopted.

Carefully done prolapse practically never occurs: the edges of the wound seem to fall back like a flap.

2. Injury to Iris:

In passing in the needle, there is a slight danger of wounding the Iris, but except that it may cause a little haemorrhage at the time, it does not really make any difference.

This danger is avoided by

- (1) See that the needle is sharp
- (2) Only operate if the Anterior Chamber is complete.
- (3) By always bringing your needle well forward and keeping the point up.

There are cases where you must operate even if the Anterior Chamber is collapsed - with the iris close up against the cornea.

Such a condition of things is found sometimes in Perforating Ulcers, etc.

In such cases, greater care must be taken and the needle very carefully inserted.

Wounding of Lens:

This is the principal danger which a beginner must guard against, but the same rules apply to this as to wounding of the Iris, and if they are carried out the danger is practically nil.

Always remember

- (a) A good needle
- (b) Keep the point well upwards.

In the case of children you require an anaesthetic but never in adults. Cocain is quite sufficient.

You can operate on one or both eyes and it can be frequently repeated.

T R E A T M E N T of U L C E R S in cases of 1. Ophthalmia Neonatorum 2. Trachoma

1. Ophthalmia Neonatorum:

Prevention is always better than cure, so that we must first consider how to prevent ulcers forming in these cases and to do so it is necessary to describe the treatment of Ophthalmia Neonatorum itself.

I cannot do better therefore than give a brief resumé of the method adopted at St. Paul's Eye Hospital.

Recognising the absolute futility of getting good results by treating these cases in the

Outpatient Department and knowing from long experience of the serious results that so often happened - the suggestion was made that no good would be done until we could get the cases under complete control. The feeding of the child was the main difficulty. To take the child away from the breast and have it bottle fed in the Hospital was thought of but soon given up as we considered the mother's milk to be of prime importance to the child.

The only thing left was to take in both mother and child.

The Medical Staff approached the Committee and they at once decided to give up a Ward for this purpose.

The difficulty of removing the mother so soon after childbirth was ultimately solved after consultation with the Health Authorities, who placed an Ambulance at our disposal.

The Method of Procedure is as follows:-

Acting under the Midwives' Act 1902, the Health Authorities have instituted what is practically Compulsory Notification of Infantile Ophthalmia by ordering Midwives to notify at once any sign of inflammation of the child's eyes, under penalty of Suspension or Report to the Central Midwives Board.

On receipt of the notification the Lady Inspector

of Midwives visits the case and sees that proper arrangements are made for the treatment either by the calling in of a doctor and if the parents are too poor, by taking the case to Hospital.

There it is seen by one of the surgeons and, if necessary, detained while the Health Authorities are asked by telephone, to send an Ambulance to bring the mother. As a rule the mother is willing to come and she and her child are put in the Special Ward.

If, however, she is unable to come or the Ward is full, arrangements are made for the child to be brought several times a day to the Outpatient Department and instructions are given for the treatment at home.

This, however, is found to be much less satisfactory than Inpatient Treatment.

The scheme having been in practice now for 4 years, it is possible to make definite statements as to its work and an answer can now be given to the only important theoretical objection raised at its inception, i.e., that removal of mothers so soon after childbirth is dangerous.

The records of the Hospital will show that this danger is practically nil.

Nothing of any serious nature has ever occurred and if one or two have had some slight ailments they were never such as could be traced to the removal.

In connection with this method of treatment the following extracts from the Report of the "Ophthalmia Neonatorum" Committee of the British Medical Association will be of interest:-

Par. 39: " Another measure (and a very admirable one) has been carried out in the City of Liverpool, where by co-operation between the Health Authority and the St. Paul's Eye Hospital arrangements have been made to admit both mother and child into a ward set aside for the purpose in the latter institution. (Lancet, May 2nd, 1908)

The Health Authority send an Ambulance, whenever required to effect removal of mother and baby to the Hospital.

Action is taken under the Notification of Births Act 1907 and the Midwives Act 1902 "

Par. 40: "The Liverpool plan affords an almost ideal method of grappling with a large proportion of the cases of Infantile Ophthalmia and affords an excellent instance of what may be accomplished by co-operation between Health Authorities on the one hand and Local Hospitals on the other.

The writer (the Chairman of the Committee) does not hesitate to suggest that what has

been successfully initiated in Liverpool might well be initiated in London and other large cities."

After discussing the proposal that these cases should be treated by the Municipal Hospitals instead of voluntary charitable Hospitals the Report continues:-

Par. 41: " The writer however regards the Liverpool plan as the better one because Specialist Medical Treatment would thereby be assured."

The Ordinary Routine Treatment is as follows:-

As soon as the baby is seen, a culture of the pus is immediately taken and this is submitted to a very careful Bacteriological examination both microscopically and by culture growth. This assists materially in the treatment as milder remedies can be used if the germ is not of the gonococcal variety.

The eyes are washed out (by means of a special douche arrangement) every two hours. Three or four times a day according to the severity of the case Argylol is dropped in - 5, 10, 20 or 50% according to the surgeon's directions.

The lids are then freely anointed with Boracic

Ointment. This not only prevents sticking of the lids etc. but also saves a lot of dressing.

If any haziness appears on the Cornea, Eserine is at once used and the eyes specially watched by the surgeon to be ready for complications.

If ulceration takes place the Argyrol may be changed for I.B. powder. Kerotomy is also sometimes done to prevent spreading.

The patient remains in Hospital until the discharge has ceased, often 3 to 6 weeks, as it has been found by experience that a recurrence soon takes place if they go out too soon.

Protargol, Chloride of Zinc and other such remedies are still tried in different cases, as it is sometimes found necessary to ring the changes.

Ulcers following Trachoma

In Ulcers caused by Trachoma, as in those caused by Ophthalmia Neonatorum, you must first treat the cause.

Many remedies are in use for this disease and I have used most of them with varying results.

I should like however to advocate the treatment

by means of the Cautery.

The lids must be well everted or rather turned inside out, so that there is no danger of injury to the eye.

Instil 2 or 3 drops of 10% Cocain. Have your Cautery at a white heat.

(Use the Ball Cautery in this case).



Then gently but quickly rub the Cautery along the Trachomatous lid, two or three times. You will be surprised at first what little reaction you get.

As an after treatment use Cocain Ointment and keep the eye bandaged.

Operate on one eye only at a time.

It will be necessary to repeat this two or three times.

The best plan is to do one eye and then the other alternately as there should be an interval of at least two weeks between each application.

I have found in many cases the result to be excellent and it appears to me to be a very rational

form of treatment. It has a direct action on the Trachomatous Lid.

All treatments of this disease are tedious and the only objection to this one I can see is that it partakes of the nature of an operation, a thing generally dreaded, but as it can, however, be done on Outpatients, and as this allows the patient to go home, a great part of the objection is overcome.

The Liverpool Jewish Society, 2 or 3 years ago, handed over to me about 20 emigrants (men, women and children) who had been rejected by the Shipping Companies for Bad Trachoma.

These cases had accumulated in their boarding houses and the Society did not know what to do with them.

I subjected all of them to this Cautery treatment - seeing them once a week. I did one lid one week and the other lid the next week. I ordered an Ointment of Boracic and Cocain to be used in between, and also Argyrol drops.

The process of treatment was naturally tedious and the expense of keeping these emigrants in Liverpool great, so that I could not carry on as long as I desired.

After one month's treatment six were passed by the Shipping Authorities and proceeded to America or

Canada. Several of the cases improved immensely, and nearly all benefited considerably.

The Society, however, not being able to keep them longer, they were sent back to their homes or drifted into other towns.

My results, however, were quite satisfactory and I now treat nearly all Trachomas which come under my care in this way.

Secondary Ulcers on the Cornea of Trachomatous cases are therefore got well by treating the original cause.

Opacities of the Cornea

These opacities vary in degree from faint Nebulae to Dense Opaque Leucomata. As long as they do not come in front of the pupil they do not matter very much but when they are central, sight is interfered with to a greater or less degree.

The small nebulae found in children sometimes gradually clear up of their own accord but a white patch will remain always as a permanent blemish. They are due to a Thickening of the Cornea following Keratitis, Simple or Ulcerative, or to deposits such as lead, etc.

Treatment is as a rule very unsatisfactory but many remedies have been tried and if you can only get the condition to clear up somewhat it is worth persevering.

For Small Nebulae following Simple Ulcer I generally order an Ointment of Yellow Oxide of Mercury and Cocain. (Ung. flav. c. Cocain) This has to be inserted under the lids night and morning and the closed eye gently massaged for a few minutes each time.

If this does not improve the case I then order

Dionin

from 1 to 10% made up either in drops or ointment.

As a rule this causes a little pain and flushing of the eye which lasts for a few minutes, but it soon passes off.

I have had many cases under my care where distinct improvement has taken place and although you may not get rid of the nebula altogether, you at least get it much thinner and so the vision is clearer.

The letters on the Test Card look blacker and more defined, and objects have a much more distinct look.

In 2 or 3 cases I have seen a fairly dense patch become almost transparent.

Scraping the patches I have never found to do

any good except in Lead deposits when it is the only treatment available and I quote a case where the result was all that could be expected or even desired:-

Case No.65:

Mrs. Lilly Jones. Age 49.

13 Jan. 1912:

Seen in Outpatient Department.

History: Was struck in the eye with a knife 4 years ago, and was treated with drops of Lead Lotion.

A fairly large white patch is now seen on the lower third of the Cornea, partly in front of the pupil.

I scraped this patch on two occasions and got most of it off and ordered treatment of Ung. Boracic c. Cocain.

24 Feb.: Patch nearly clear and certainly not noticeable unless looked for.

Opacities connected with Anterior Synechia

On looking with reflected light you can see strands, or even quite a large bundle of Iris attached behind to the Cornea where the nebula is situated.

It is no use treating your nebula in this case until you have dealt with the Synechia.

Corelysis must be performed, that is to say, by means of a needle you must detach the Iris from the Cornea and thus get it free. You then carry on your treatment as above.

Illustrative Case:

Case No. 6535; Millie Davidson: Preston
Nov. 20th, 1909: Age 16:

Left Eye:

Dense nebula covering the pupil. Iris adherent to Cornea. Vision practically nil. Corelysis was performed several times until the Iris was quite freed. In time the nebula shrank in size. It became clearer round the margin. A small pupil appeared. Treatment has been carried on at intervals ever since.

Mar. 9th, 1912: Patient can count fingers at 3 feet. Says the eye is quite comfortable and never has pain in it now as she used to have.

Iridectomy in cases of Dense Patches is often done but I have seldom seen any good result from this.

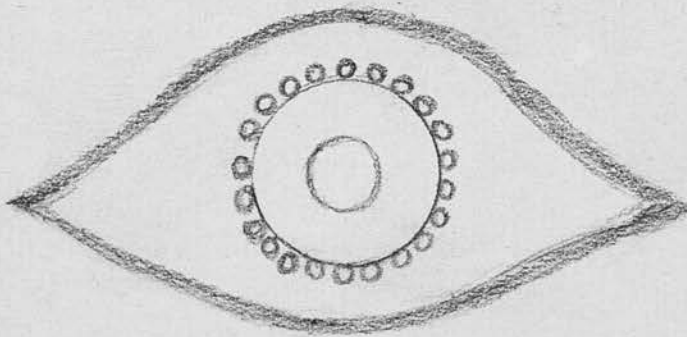
If the patch is so bad as to interfere with sight, it is not much use making an artificial pupil, above or below, as it is covered by either lid.

I have never performed any of the other operations which have been tried, such as making windows, by

cutting away the top layer and transplanting healthy conjunctiva, so that I could only write about what I have read on the subject and that is not the object of my paper.

P E R I C A U S I S

Several years ago I made a long series of experiments in the treatment of nebulae by means of a Cautery Operation, which I believe is called Pericausis. It is quite analagous to Kerotomy and acts in much the same way. By means of a sharp pointed Cautery you make a large number of applications all round the Cornea as per diagram:-



This cuts off all blood and lymph supply. You often have small vessels leading to these nebulae, which are thus cut off. In this way, you so to speak, starve your nebula and a clearing-up process will take place.

The operation can be repeated several times, generally with an interval of from one to two months.

Until the sores have healed, which have been caused by the Cautery, use a cocain ointment and then you can fill up the interval between operations with such ordinary treatment as Ung.Flav. or Dionin.

The eye seems to recover very quickly from the effects of the Cautery and all traces have generally gone in 2 or 3 weeks' time.

There is very little after pain if the eye is properly dressed and bandaged, and the operation itself can be done almost painlessly if cocain is used first.

I have never seen any bad effects follow this operation, of any kind, and the results are quite as good as any other form of treatment.

It has the disadvantage again of being an operation and this has to be avoided as much as possible, but the results in my cases were interesting and although I do not now use this treatment so often, it is one that can always be tried when other remedies fail.

In Two years I performed this operation on 80 cases.

In 55 of these, I operated once in most cases and twice in some.

My notes taken at the time give such results as



follow:

- (a) Nebula clearer
- (b) Patient sees objects a little more distinctly
- (c) Can read the line lower down Test Card.
- (d) In about half of the cases no result at all is noted - (Outpatients who have not carried on the Treatment).

In 13 cases of which I have a more consecutive record of attendance and in which Pericausis was done either once or twice, my notes record as follows:

- (a) Can see one and in two or three cases two lines further down the Test Card.
- (b) Nebulae look very much clearer.
- (c) In one case I have the note "Very much lighter in colour."

These results are really a slight improvement on the first series of cases. As the patients said themselves, "Things look ever so much clearer."

The remaining 12 cases all show better results still and they are more interesting because they are cases of which I have much fuller notes. They allowed the treatment to be carried on for a long time.

One or two patients came up every 2 or 3 months for observation.

I shall now give the details of 6 cases which will be sufficient to show the kind of results I obtained.

Case 1

Louisa Cronin: 39 Lamb Street, Liverpool: Age 16

29th April:

Left Eye vision $\frac{5}{24}$

Pericausis performed

30th April: Vision $\frac{5}{18}$

29th July:

Operation repeated.

12th October:

Vision $\frac{5}{18}$

30th November:

Vision $\frac{5}{12}$

In this case Pericausis was performed twice and the vision improved from $\frac{5}{24}$ to $\frac{5}{12}$

Case 2:

Joseph Dyson: 22 School Lane, Southport: Age 17:

1st April:

Left eye vision $\frac{5}{9}$ Glasses did
not improve

Pericausis performed.

Case 2: Joseph Dyson: (continued)

May:

Vision $\frac{5}{9}$ c $\frac{+ 1.5 \text{ Spher.}}{+ 1.5 \text{ Cyl. } 90^\circ} = \frac{5}{5}$
2 letters

October 17:

Says things look much clearer.

August 7th: Ten months later:

Testing as above but now sees

Vision $\frac{5}{5}$ clearly.

This case is interesting from the fact that his vision could not be improved with glasses until after Pericausis had been performed and in 18 months afterwards with glasses his vision is normal.

Case 3:

George Harvey: 6, Copperfield Street,

Liverpool: Age 9

16th December:

Left Eye V. $\frac{5}{60}$

Pericausis performed.

2nd January:

V. $\frac{5}{18}$

30th January:

Pericausis repeated.

27th February:

V. $\frac{5}{12}$

10th April:

V. $\frac{5}{9}$

26th May

Pericausis repeated

Case 3: George Harvey: (continued)

February 5th: 8 months later

Very much clearer.

This case shows an excellent result. Pericausis was performed 3 times and the vision improved from

$$\frac{5}{60} \text{ to } \frac{5}{9}$$

Probably his age - 9 years - will account for this rapid improvement.

Case 4: Caroline Lockwood: 5 Broughton Road, Liverpool. Age 15.

3rd March:

Left Eye: Dense Nebula formed like a crescent right across the Cornea.

V. $\frac{5}{18}$ Glasses no improvement.

Pericausis performed.

23rd June:

Crescent only about Half Size

V. $\frac{5}{18}$ With Glasses $\frac{5}{12}$

Pericausis repeated.

23rd September:

Pericausis repeated.

1st December:

Pericausis repeated

Sees much clearer

26th January:

Pericausis repeated

Case 4. Caroline Lockwood (continued)

9th February:

Nebula quite small and looks
very clear.

The interesting point about this case is the number of
times Pericausis was repeated, viz., 5 times during a
period of 9 months.

The result was quite good.

Case 5: Gladys Jones: Llanberis, North Wales:

23rd April

Vision both eyes $\frac{5}{18}$

Pericausis performed on both eyes at
same time.

15th June:

" " " "

10th September:

" " " "

1 year later:

Testing still $\frac{5}{18}$

Everything however is much clearer
and brighter. Letters on
the Test Card are much more
distinct. Can see things
with much more comfort.

This case is specially interesting as Pericausis was
performed 3 times and on both eyes at once. The pati-
ent came from Wales and could not be treated as an
Outpatient, so was kept in Hospital until the eyes

got well each time.

The last time I saw her she was very pleased with the result and said that things looked quite different to what they used to do.

Her eyes looked brighter and there was quite a clear look instead of the original hazy Cornea.

Case 6:

Annie Hackett: 3 Coningsby Road, Liverpool:

Age 28:

9th September:

$$\begin{array}{rcll} \text{R.} & \frac{5}{9} & \text{Tested after} & \frac{5}{9} + - \\ & & \text{H.A.} & \\ \text{V.} & & & \\ & \text{L.} & \frac{5}{36} & \frac{5}{60} \text{ c} - 1.50 \text{ Sp.} \\ & & & = \frac{5}{36} \end{array}$$

Pericausis performed on both eyes at same time.

7th October:

Sees things at a distance much clearer and better.

16th January:

Tested with Atropine:

$$\begin{array}{rcl} \text{R.} & \frac{5}{12} \text{ c.} + .5 \text{ Cyl.} & = \frac{5}{9} \\ \text{L.} & \frac{5}{60} \text{ c.} - 1.50 \text{ Spher.} & = \frac{5}{24} \end{array}$$

This is another case where both eyes were operated upon at the same time but only one operation was

performed on each eye.

In 4 months only, patient can now be tested and glasses ordered.

The improvement in the Left Eye is most marked, but the general effect has been to improve both and make things much more comfortable.

I think these 6 cases are quite enough to quote from my notes to show that great good can be got from this operation if it is only persisted in.

All cures for Opacities etc. are slow and you very rarely get a perfect result, so that any method which will give clearness and better definition is worth considering.

P A T H O L O G Y

Corneal Ulcers are nearly always infected, that is to say, pathological microbes play an important rôle in their evolution.

The commonest microbes found are:

Staplylococcus Albus and
do. Aurius

but in many cases I have not been able to isolate any.

Two boys came to the Outpatient Department last month on the same day - both cases of Simple Ulcer and both almost alike in every respect:

From one I grew Staplylococcus Albus
From the other " Aurius

Both got well with similar simple treatment.

Pneumococci and Streptococci are occasionally found and of course you get the Gonococci in many cases, especially following Ophthalmia.

It is therefore most important if you are suspicious of the cause to at once take a Culture.

on the next two pages I give
drawings copied from Norris Oliver's
Diseases of the Eye, to illustrate
the Formation of an Ulcer.

* I send along with the Thesis -
Both of these Cultures.

Extracts from.

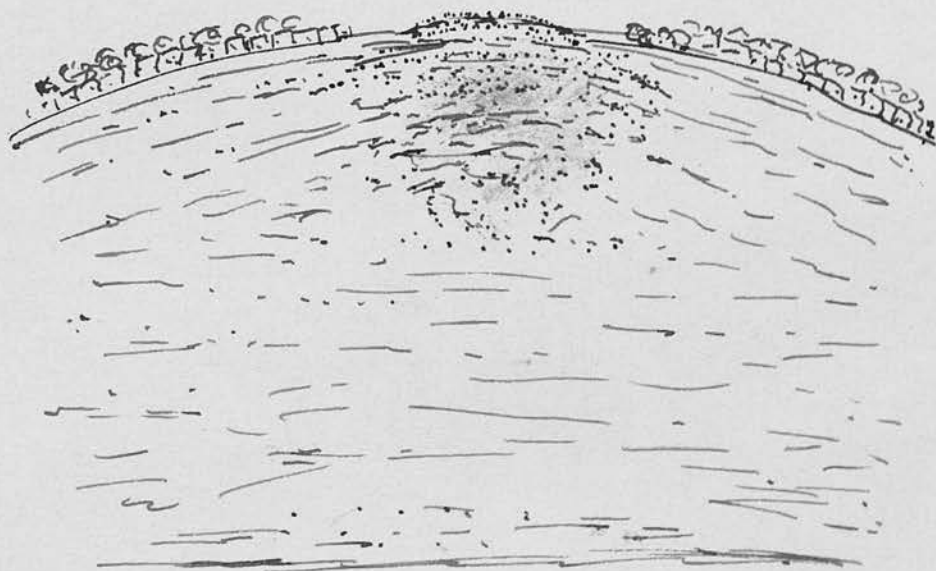
System of Diseases of the Eye.

Norris & Oliver

Vol. IV

Page 176

Fig 5



Formation of an Ulcer.

Superficial infiltration of the Cornea
projecting on the Surface of the Cornea.
At its level the Epithelium is disfoliated
or is even absent.

The Infiltration approaches transformation
into an Ulcer.

Extract (continued)

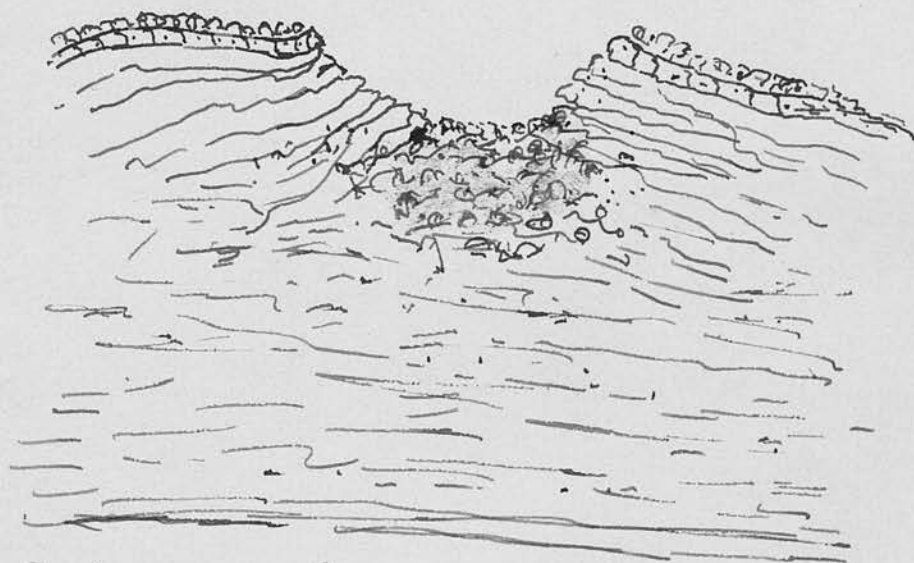
Harris & Oliver

Fig. vi

Page 177.

Vol. iv

(Formation of an Ulcer)



Infiltrated Corneal Ulcer (after act).

S U M M A R Y

The principal points in connection with my Thesis are:

1. That Ulcers of the Cornea are an extremely common occurrence.
2. Ulcer of the Cornea must not be looked upon as a Simple Condition.
3. On account of the complications which can be set up, there is always the danger of impaired vision and even of complete loss of sight.
4. Treatment must be adopted at once.
5. As soon as possible put your patients to bed and keep them there.
6. Kerotomy is one of the simplest and at the same time one of the most efficacious remedies we have.
7. If doubtful of the case, take Cultures at once.
8. In the case of Opacities, if not of too long standing and if other remedies fail try Pericausis.

9. Don't expect to get rapid cures. Treatment lasts sometimes for many months: therefore persevere.

W.B. Cline

THIRTY-EIGHTH

Annual Report

OF THE

ST. PAUL'S EYE HOSPITAL

(Late ST. PAUL'S EYE and EAR HOSPITAL),
LIVERPOOL,

For the Year ending December 31st, 1910.

Patron

THE RIGHT HON. THE EARL OF DERBY.

Trustees

C. McLAREN, Esq. R. R. MEADE KING, Esq.

WILLIAM NIMMO, Esq.

F. STUBBS, Esq. C. S. RIGG, Esq.

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LIVERPOOL

C. & H. RATCLIFFE, PRINTERS RUMFORD STREET

1911.

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G. C. A. MOIR, Esq., F.R.C.S., Edin.
W. T. CLEGG, Esq., F.R.C.S., Edin.
THOS. STEVENSON, Esq., M.B., C.M., Edin.
A. NIMMO WALKER, Esq., B.A., M.D., B.C., Cantab.

MATRON.

Miss McLEAN.

HON. SECRETARY and TREASURER.

F. W. M. WILSON, Esq., 8 Cook Street.

HONORARY SOLICITORS.

Messrs. LAMB, KYFFIN-TAYLOR & WALKER, 41 North John Street.

HONORARY AUDITORS.

Messrs. HARMOOD BANNER & SON, 24 North John Street.

COLLECTORS.

LIVERPOOL CENTRAL RELIEF SOCIETY, 2 Exchange Street East
Liverpool.

ALMONER and DISPENSER.

Mr. G. R. WADSWORTH, B.Sc., Ph.C.

THIRTY-EIGHTH ANNUAL REPORT, 1910.

THE COMMITTEE of ST. PAUL'S EYE HOSPITAL present their
ANNUAL REPORT for the year ending 31st December, 1910.

SUMMARY OF CASES.

		1910.	1909.	Increase	Decrease.
Diseases of the Eye	...	8,674	7,352	1,322	—
Diseases of the Ear	...	969	1,408	—	439
Unclassed	... ..	46	48	—	2
Total New Cases...	...	9,689	8,808	881	—
Total Number of In Patients		889	883	6	—
Total Number of Attendances		31,381	28,159	3,222	—
Operations	... ..	1,116	1,126	—	10

From this Summary it will be seen that the Out-patient work shows a large increase. Indeed had not the Ear cases been much reduced, owing to the gradual cessation of that work in accordance with the resolution to confine the work of the Hospital to diseases of the Eye only, the number of out-patients would have been unmanageable. As it was, although all patients who were able to pay for private treatment were excluded, after careful enquiry, by the Almoner, the Eye cases exceeded last year's figures by over 1,300, and created a record in the history of the Hospital. At the same time there was an increase of In-Patients of 6 only; this is due to the fact that the beds were already being worked to their fullest capacity, and emphasizes the absolute necessity of the increase in accommodation which will be provided in the new building.

The Committee view with concern the further increase of £105 18s. 4d. in the deficit on Revenue Account, making a total

of £627 11s. 7d. The expenditure during the year has been somewhat heavier in consequence of the greater amount of work done, especially in regard to the treatment of infants and children. At the same time the income has but slightly increased, whilst subscriptions show an actual decrease.

The Committee acknowledge with sincere thanks the following contributions: £434 8s., which the Committee of the Hospital Sunday and Saturday Fund allotted to this Institution; £20 from the Todmorden Hospital Fund; £10 from the Port Sunlight Employees Hospital Collection Fund; £6 from the Liverpool Cyclists' and Harriers' Flower Carnival and Fancy Dress Parade; and £4 10s. from the Birkenhead Ladies' Charities Committee.

Since issuing the last Report considerable progress has been made with the New Building, at the junction of King Edward Street and Old Hall Street, of which the Foundation Stone was laid on Wednesday, 20th July, 1910, by the Right Honorable the Earl of Derby, Patron of the Institution, in the presence of a large company. A Report of the proceedings will be found on page 8. The total cost of the building, including furnishing, as now estimated, will involve an outlay of £17,000, towards which a sum of £13,436 9s. 8d. has been received to the end of December, leaving a balance of £3,563 10s. 4d. yet to be raised. The Committee are most anxious to raise this balance in order that they may be able to make full use of the increased accommodation of the new building. They again desire to tender their most sincere thanks to all subscribers, and particularly to those friends who, in various ways, are working indefatigably towards obtaining the amount required.

F. W. M. WILSON,

Hon. Secretary and Treasurer.

associated in the good work with Mr. Walker. A further increase in the work of the institution had taken place during the last few months in consequence of the new regulations of the Board of Education, which provided for the periodical inspection of the eyes of all school children, and skilled medical treatment was necessitated in consequence. Large numbers of such cases had been and would have to be dealt with by both this and other medical institutions.

Dr. G. C. A. Moir recalled interesting reminiscences of the work of the hospital in its early days, mentioning that when he first went to the hospital the larger portion of the instruments in use were Mr. Walker's private property, or had been provided by him. When they remembered that the average cost for the education of a healthy child was about £40, and for a blind child about £400, the importance of the memorial wing, where cases of infantile ophthalmia could be adequately dealt with, could not be overestimated. In this disease, which was most contagious, not only might the infants who suffered from it lose their sight, but the nursing of the cases was fraught with serious risk to those in attendance on them. The saving to the community by preserving the sight of those who would otherwise become blind, and so enabling them to become useful members of society, instead of a burden on it, was surely a public benefit. (Hear, hear). Having paid a heartfelt tribute to the work of the late Mr. Walker, the speaker expressed the hope that the money still required to complete the building and leave it free of debt would soon be forthcoming. (Applause).

The Bishop of Liverpool having offered up prayer,

The Lord Mayor said the Hospital had been a great boon to the poor of Liverpool. It was in the neighbourhood where the poor lived, and was convenient for them to go to. They who had their sight knew how necessary it was that everything possible should be done for the preservation of the eyesight which they so much appreciated. They could congratulate those connected

with the hospital upon the good work it had hitherto done. The new hospital would have plenty of air and light, and possess all the necessary sanitary requirements. The institution had made great advance in checking preventable blindness, and if the present anticipations of science were realised a great number of people would be saved from blindness. (Applause).

Lord Derby then performed the ceremony of laying the foundation-stone.

Colonel Kyffin-Taylor moved a vote of thanks to Lord Derby, and also to the Lord Mayor. The House of Stanley, he said, had always been associated with the City of Liverpool in every relation of its civic life. It had always shown a desire to help Liverpool, and Liverpool had always been foremost in responding with devotion and respect to the Earls of Derby. The present holder of the title was following in the footsteps of his late lamented father, who was held in the highest regard in Liverpool. (Applause.)

Dr. Hope (Medical Officer of Health), in seconding, remarked that the work of the hospital in the future will be still more of a preventable character. The Health Committee of Liverpool realised the great importance of the preventive measures which could be adopted to save the eye-sight of infants. That institution had been in the forefront of such a good work. The work commended itself, not only to every subscriber, but to the City authorities, and others interested in the young. (Applause).

The motion was heartily adopted.

EARL DERBY'S APPEAL.

Lord Derby, in responding, said that it had given him the greatest possible pleasure to come there, and especially because his object in doing so was, that he should try to carry out to the best of his ability what Col. Kyffin-Taylor was good enough to say he was attempting—namely, to follow in his father's footsteps. They had heard an account given to them of the good work of what one must call a great man—Dr. Walker. Of all the gifts which were

given to them there was nothing, in his mind, that was comparable to the gift of eyesight. There was nothing more sad than to think of somebody shut off from all those sights which gave them such pleasure. When they were told that blindness in certain cases was preventable, surely they ought to do their best to provide the remedy. He was at the present moment engaged in trying to secure from all parts of the United Kingdom sympathy in another case of prevention, and that was the prevention of tuberculosis. To talk to the very poor of preventability, without at the same time affording them free prevention, was simply humbug. What they had to do was to endeavour to give to the poorest of the poor, free, that same assistance that they were able to get by money for themselves. (Applause). They were, in the new building, going to continue what was one of the greatest of all works—the prevention of blindness. Especially were they going to bring aid to those who were absolutely helpless—The newly-born babes. Proceeding, Lord Derby gave statistics of the work which had been carried on in the institution, and pointed out that an enormous work lay in front of the new hospital. The work was one in which they all, according to their ability, ought to participate. They would agree with him in wishing God-speed to the work done in the institution. (Applause).

On the motion of the Lord Mayor, a vote of thanks was passed to the Chairman for presiding.

Lord Derby was presented with the silver trowel by the members of the Committee, and the builders presented him with a mallet.

St. Paul's Eye Hospital.

ANNUAL MEETING.

THE THIRTY-EIGHTH ANNUAL MEETING of the supporters and friends of ST. PAUL'S EYE HOSPITAL, St. Paul's Square, was held on FRIDAY, 28th April, 1911, in the Town Hall, the LORD MAYOR (S. MASON HUTCHINSON, ESQ., J.P.) presiding.

The LORD MAYOR, in moving the adoption of the Report and Accounts, emphasised the value of the work which the hospital was doing on behalf of the community, and specially commended the pioneer efforts it was making to save new-born babes from blindness. There was no loss of faculties so great as the loss of sight. The newest feature in connection with the Institution was what was being done for the poor babes who were but a day or two old, and who, in many cases, would become totally blind were it not for the skilful care they received in the Institution. He went through the Institution a few days ago, and there saw a poor little child who had been brought in rather too late to be effectively treated, and the verdict was that it would be blind for life. The memory of that child had haunted him ever since. The new departure of taking the mother along with the child and treating the latter in the Institution was a particularly pleasing feature of the work. It was that new departure which was very largely responsible for the erection of the new building. He was proud to think that Liverpool had originated that special manner of treatment, and that London would follow in their footsteps shortly. (Applause). The new hospital would be officially opened next September. He was trying to make suitable arrangements for the opening ceremony and to get some notability down for the occasion. (Applause). Three thousand pounds were still required,

and it would be a source of great gratification to him if that amount were raised by the time the new hospital was opened. (Applause).

Mr. CHARLES McLAREN seconded, and the resolution was adopted.

On the motion of Mr. G. C. A. MOIR, seconded by Mr. THOS. STEVENSON, the following ladies and gentlemen were unanimously elected as Officers and Committees for the ensuing year :

PRESIDENT.

THE RIGHT HON. THE LORD MAYOR OF LIVERPOOL.

COMMITTEE.

Chairman, F. STUBBS, Esq.

GEORGE BROCKLEHURST, Esq.	WILLIAM NIMMO, Esq.
H. WADE DEACON, Esq.	R. S. PORTER, Lieut.-Col., V.D.
JOHN ISAACSON, Esq.	S. REECE, Esq.
Rev. THOS. W. M. LUND, M.A.	C. S. RIGG, Esq.
CHARLES McLAREN, Esq.	NATHANIEL TOPP, Esq.
R. R. MEADE-KING, Esq.	A. NIMMO WALKER, Esq., B.A., M.D.
FRED. NEWELL, Esq.	F. W. M. WILSON, Esq.

LADIES' VISITING COMMITTEE.

President, Mrs. TOPP.

Mrs. J. AIKMAN.	Mrs. PRESTON.
Mrs. T. FLETCHER.	Mrs. SEPHTON.
Miss W. HIGNETT.	Mrs. STUBBS.
Mrs. F. JEANS.	Miss THORNELY.
Mrs. NEWELL.	Mrs. TILLOTSON.
Mrs. CROSBIE OATES.	Mrs. GEO. E. WALKER.
Mrs. PICKMERE.	Miss WALKER.
Mrs. PORTER.	Mrs. FRANK WILSON.

Miss WRIGHT.

HON. SECRETARY and TREASURER.

F. W. M. WILSON, Esq., 8 Cook Street.

Dr. A. NIMMO WALKER, in proposing a vote of thanks to the Ladies' Committee, said the large increase in the out-patient work had been due very largely to the inspection of school children. That was not the time or the place to discuss the difficult question of the treatment of school children, but he would suggest that the present system, or rather, perhaps, lack of system, was not the most economical one from a civic point of view. There was a limit to the endurance of even hospital doctors and nurses, and if a large part of their time were taken up in seeing minor cases, of course it meant that there was less time which could be given to the serious cases. He did not mean to say that doctors and nurses did not always do their best, but, still, when a surgeon was tired out with seeing a long succession of minor cases, it meant that he could not bring to the serious cases, the same freshness and keenness, as if he had come to them at the beginning of his afternoon's work. The much more satisfactory plan would be the weeding out of the minor cases at the schools themselves, and then the serious cases that required the special resources of a special hospital would have all the time extra given to them, which would be gained by getting rid of the minor cases. Although the out-patients had increased by 1,300 odd, the in-patients had only increased by six; that meant, of course, that in previous years the beds had been used to their fullest capacity, but it also meant that there must have been, and there were, a large number of serious cases which ought to have been taken in, and which could not be taken in. Those cases, from want of space in the hospital, perhaps suffered permanent damage to the eyes, which was quite avoidable if they had had the room to take them into the hospital. They hoped to have in the new hospital all the accommodation they needed, but it would all depend upon whether they could raise sufficient funds to take full advantage of the increased accommodation they were preparing.

Mr. S. REECE seconded the motion, and the thanks were accorded.

Mr. F. STUBBS, in proposing a vote of thanks to the Medical

Staff for their services during the year, said very few business men would care to give up the time each day which the medical men gave to the work of that hospital.

Mr. JOHN ISAACSON seconded, and the proposition was passed.

Colonel R. S. PORTER moved a vote of thanks to the Lord Mayor. He expressed a hope that the £3,000 odd needed to enable them to open the new building free of debt would be forthcoming. It would, he said, be a very serious and anxious task for the committee to take charge of the new building if there were a heavy burden of debt lying upon it. He also appealed for increased annual subscriptions on the ground that extra expenditure would be involved in the maintenance of the larger premises.

Mr. McLAREN, in seconding, said they had received a very handsome cheque from the Lord Mayor on behalf of the New Building Fund. (Applause).

The LORD MAYOR said he would take care that Dr. Walker's views in regard to the examination of school children were forwarded to the right quarter, and if any improvement could be effected he would be glad to help it forward. (Applause).



ABSTRACT OF DISEASES OF THE EYE.

From 1st JANUARY to 31st DECEMBER, 1910.



I.—ORBIT—

Contraction of Socket	...	...	...	...	...	...	1
Inflammation ...	...	...	...	...	...	...	13
Neuralgia	...	...	...	...	...	...	2
Tumour	...	...	...	...	...	...	3
Wound...	...	...	...	...	...	...	2

II.—EYELIDS—

Blepharitis	...	...	...	...	...	...	278
Cellulitis	...	...	...	...	...	...	17
Oedema	...	...	...	...	...	...	2
Hordeolum	...	...	...	...	...	...	9
Epicanthus	...	...	...	...	...	...	1
Entropion	...	...	...	...	...	...	16
Ectropion	...	...	...	...	...	...	7
Symblepharon	...	...	...	...	...	...	3
Ichthyosis	...	...	...	...	...	...	1
Meibomian Cyst.	...	...	...	...	...	...	78
Molloscum Fibrosum	...	...	...	...	...	...	1
Papilloma	...	...	...	...	...	...	4
Rodent Ulcer...	...	...	...	...	...	...	7
Xanthelasma	...	...	...	...	...	...	1
Burn	...	...	...	...	...	...	3
Wound	...	...	...	...	...	...	2

III.—LACRYMAL APPARATUS—

Dacryocystitis Acute...	...	...	...	...	...	...	24
„ Chronic	...	...	...	...	...	...	31
Stricture	...	...	...	...	...	...	11

IV.—CONJUNCTIVA—

Ophthalmia, Angular	...	...	...	...	...	...	3
„ Catarrhal	...	...	...	...	...	...	321
„ Diphtheritic	...	...	...	...	...	...	1
„ Neonatorum	...	...	...	...	...	...	179
„ Phlyctenular	...	...	...	...	...	...	156
„ Purulent	...	...	...	...	...	...	347
„ Trachomatous	...	...	...	...	...	...	43
Xerosis	...	...	...	...	...	...	2
Dermoid Cyst.	...	...	...	...	...	...	1

IX.—OPTIC NERVE AND RETINA—

Papillo-retinitis	...	...	...	...	...	...	14
Retro-ocular Neuritis	...	...	...	...	...	...	59
Atrophy	...	...	...	...	...	...	35
Embolism of Central Artery	...	...	...	...	...	...	1
Hæmorrhage	...	...	...	...	...	...	2
Detachment	...	...	...	...	...	...	9

X.—LENS AND CAPSULE—

Cataract, Congenital	...	...	...	...	...	...	32
" Traumatic	...	...	...	...	...	...	9
" Senile	...	...	...	...	...	...	258
Dislocation	...	...	...	...	...	...	13
Aphakia after Cataract Operation	...	...	...	...	...	...	63
Opaque Capsule	...	...	...	...	...	...	9

XI.—VITREOUS HUMOUR—

Hæmorrhage in Vitreous	...	...	...	...	...	...	1
Opacities	...	...	...	...	...	...	2

XII.—GLOBE—

Atrophy	...	...	...	...	...	...	17
Anophthalmos	...	...	...	...	...	...	6
Buphthalmos	...	...	...	...	...	...	2
Exophthalmos	...	...	...	...	...	...	1
Microphthalmos	...	...	...	...	...	...	3
Contusion	...	...	...	...	...	...	44
Rupture	...	...	...	...	...	...	6
Ophthalmitis, Suppurative	...	...	...	...	...	...	2
" Sympathetic	...	...	...	...	...	...	5

XIII.—DISORDERS OF VISION—

Hypermetropia	{ including }	...	...	...	...	2,228
Myopia	{ Astigmatism }	...	...	...	...	692
Ciliary Spasm	...	...	...	...	...	172
" Paralysis	...	...	...	...	...	1
Presbyopia	...	...	...	...	...	483
Asthenopia	...	...	...	...	...	29
Amblyopia ex inopia	...	...	...	...	...	4
Diplopia	...	...	...	...	...	9
Hemeropia	...	...	...	...	...	2
Hemiopia	...	...	...	...	...	3
Colour Blindness	...	...	...	...	...	1

XIV.—MUSCLES AND NERVES—

Squint, Convergent	869
„ Divergent	70
Nystagmus	13
Paralysis of III. Cranial Nerve	9
„ VI. „ „	1
Ptoſis	10
Mydriasis	2
Myosis... ..	3

XV.—MISCELLANEOUS—

Albinism	2
Hemiplegia	2
Memingocele	1

Total 8,674

ABSTRACT OF DISEASES OF THE EAR, &c.

Affections of the External Ear	248
„ Middle Ear and Mastoid Antrum	551
„ Internal Ear	42
„ Nose and Nasopharynx	128
Total	<u>969</u>

SUMMARY.

Diseases of the Eye	8,674
Diseases of the Ear	969
Unclassed	46

Total Number of New Cases	9,689
Carried over from last year... ..	490

Total Number of cases treated	10,179
Total Number of In-Patients	889
Total Number of Attendances	<u>31,381</u>

ORBIT—	Opening of Orbital Abscess	...	...	...	...	...	6
EYELIDS—	Plastic Operation for Entropion	...	...	...	...	...	2
	" " Symblepharon	...	...	...	...	...	8
	Excision of Rodent Ulcer	...	...	...	...	...	4
	Cauterization " "	...	...	...	...	...	1
	Removal of Cysts	...	...	...	...	...	6
	Opening of Abscess	...	...	...	...	...	8
	Suturing of Wound	...	...	...	...	...	4
LACRYMAL APPARATUS—	For Abscess and Stricture	...	...	...	...	...	4
CONJUNCTIVA—	Suture of Wound	...	...	...	...	...	2
	Excision of Cyst	...	...	...	...	...	1
CORNEA—	Kerotomy for Simple Ulcer	...	...	...	...	...	67
	" Sloughing Ulcer	...	...	...	...	...	26
	" Interstitial Keratitis	...	...	...	...	...	50
	" Pannus	...	...	...	...	...	1
	Guthrie's Section for Sloughing Ulcer	...	...	...	...	...	2
	Cauterization of Sloughing Ulcer	...	...	...	...	...	19
	" Wound	...	...	...	...	...	1
	" Staphyloma	...	...	...	...	...	4
SCLEROTIC—	Kerotomy for Scleritis	...	...	...	...	...	4
	Scarification "	...	...	...	...	...	3
	Removal of Foreign Body	...	...	...	...	...	1
IRIS—	Corelysis for Synechia Anterior	...	...	...	...	...	57
	" " Posterior	...	...	...	...	...	20
	" Prolapse	...	...	...	...	...	5
	Iridectomy for Synechia Anterior	...	...	...	...	...	1
	Kerotomy for Iritis	...	...	...	...	...	4
CILIARY BODY—	Hyposcleral Cyclotomy for Glaucoma	...	...	...	...	...	11
	Trephining for Glaucoma	...	...	...	...	...	6
	Kerotomy	...	...	...	...	...	2
	Paracentesis	...	...	...	...	...	5
	Cauterization of Wound	...	...	...	...	...	2
LENS AND CAPSULE—	Extraction of Cataract	...	...	...	...	...	38
	" " Dislocated Lens	...	...	...	...	...	3
	" " Opaque Capsule	...	...	...	...	...	10
	Needling of Cataract	...	...	...	...	...	77
	Evacuation "	...	...	...	...	...	27
	Laceration of Opaque Capsule	...	...	...	...	...	43

REVENUE ACCOUNT from December 31st, 1909, to December 31st, 1910.

Expenditure.		Income.	
	£ s. d.		£ s. d.
To Balance—Deficiency, December 31st, 1909	521 13 3	By Patients' Board and Nurses' Services	208 8 1
" Board of Patients, Nurses and Servants	889 5 7	" Spectacles and Glass Eyes	351 0 0
" Drugs	222 0 10	" Patients' Pence	274 8 0
" Wages—Matron, Nurses, Dispenser and Servants	494 12 5	" Patients' Medicine	275 19 2
" Surgical Instruments and Appliances	135 17 8	" Subscriptions	364 19 0
" Repairs, Renewals, and Sundries	185 15 11	" Hospital Sunday and Saturday Fund	£434 8 0
" Gas	44 12 1	" Donations	175 13 0
" Coal	68 14 4		610 1 0
" Postages, Printing, and Stationery	47 8 7	" Lancashire and Yorkshire Railway (Investment a/c Henry Bloom Noble Trust Endowment) Dividend on £1,228 Consolidated Preference Stock	34 13 10
" Commission and Office Expenses	22 2 2	" Income Tax, deducted from Dividends on Investments refunded	2 19 10
" Rent of Nurses' Home	35 0 0	" Balance—Deficiency at date	627 11 7
" General and Water Rate	25 15 10		
" Poor Rate	23 16 8		
" Insurance	6 19 0		
" Telephone	8 10 0		
" Bank Interest	17 16 2		
	£2,750 0 6		£2,750 0 6

NEW BUILDING FUND ACCOUNT, December 31st, 1910.

Expenditure.

	£	s.	d.
To Amounts paid to date on account of Contracts, Architects' Fees, Clerk of Works, Printing, Postages, Stationery, and Advertising	4,592	1	2
" Balance, transferred to General Balance Sheet	8,844	8	6

£13,436 9 8

Receipts.

	£	s.	d.
By Balance at credit 31st December, 1908	1,374	9	11
Donations for two years ending 31st Dec, 1910, Account Building Fund, and "George Edward Walker Memorial" (Children's Department)—			
Amounts received and promised as per List	10,983	3	4
Deduct amounts promised, but not yet received	241	10	0
" Amount paid by Messrs. J. Bibby & Sons, towards increased expenditure necessitated by alteration of original building scheme at their request			1,000 0 0
" Bank Interest, Dividends and Interest on Investments, and Income Tax refunded			320 6 5
			<u>£13,436 9 8</u>

SUBSCRIPTIONS.

	£	s.	d.
Abram Coal Co., 22 The Albany	1	0	0
Ackerley, Turton, Mersey Chambers	0	10	0
Adam, Son & Co., James Temple Court... ..	1	1	0
Aikman, W. C., 28 Falkner Square	0	10	6
Alden and Co., A. H. H 24 Exchange Buildings	2	2	0
Alison and Co., Ltd. Employees of J. Gordon, Marcus St., Birkenhead	2	2	0
Allardice and Co., 19 James Street	1	1	0
Anchor Line (Henderson Bros.), Ltd., 17 Water Street	1	1	0
Anglo-American Rope and Oakum Co., 12 Hopwood Street	0	5	0
Anonymous, Union Court	0	5	0
Ashe and Nephew, T. F., 5 Atherton Street	1	1	0
Atkinson, Mrs., 69 Deane Road	0	5	0
Atkinson, Henry, 43 Greenbank Road, Birkenhead	0	5	0
Babcock, Miss L. E., The Lodge, West Derby	0	10	6
Bacon, Limited, John, 14 Water Street	1	1	0
Bailey, James, 18 Union Court	0	10	6
Balfour, Williamson and Co., 3 Fenwick Street... ..	2	2	0
Banner, Miss, 101 Canning Street... ..	0	10	6
Barrow, Mrs. James, 7 Beech Lawn, Waterloo	2	2	0
Baty and Sons, Thomas, 18 Reacross Street	0	5	0
Belcher, Col. W. M., 10 Fulwood Park	1	1	0
Bell, George, Shrewsbury Road North, Claughton	1	1	0
Bell, Miss, The Wood, Claughton Village, Birkenhead	0	10	6
Bent's Brewery Co., Ltd., 30 Johnson Street	1	1	0
Bibby and Son, J., King Edward Street... ..	1	1	0
Bird, W. J., 17 Sweeting Street	0	5	0
Blackledge and Sons, Ltd., James, 319 Derby Road, Bootle	1	0	0
Blackmoor, West Derby	1	1	0
Blease and Sons, Fenwick Street	0	10	0
Booth, Alfred, 46 Ullet Road	5	5	0
Booth and Co., Alfred, Tower Building	5	5	0
Bowring and Co., Ltd., C. T., 20 Castle Street	1	1	0
Bowring, Sir W. B., Beechwood, Aigburth	1	1	0
Bowring, Lady W. B., Beechwood, Aigburth	1	0	0
Bradbury and Hirsch, 11 Dale Street	0	10	6
Branckner, Miss A., The Shanty, Mossley Hill	1	1	0
Brocklebank, Ltd., Thomas and John, 20 Bixteth Street	2	2	0
Brocklehurst, Henry Home Sefton, Sefton Park	1	1	0
Brocklehurst, George, 20 Alexandra Drive	2	2	0
Brocklehurst, Mrs. G. W.	1	1	0
Brocklehurst, Jos., 18 Aigburth Drive	1	1	0
Brocklehurst, S., Olinda, Aigburth Drive... ..	1	1	0
Brown and Co (of Liverpool), Ltd., Wm., 4 Temple Court	0	10	6
Bruce, James, Canal Street, Bootle	1	1	0
Buckley, W., 30 Pall Mall... ..	1	1	0
Calder, Mrs., 12 Alexandra Drive	1	1	0
Calder, John, 4 Sandringham Drive	0	10	6
Cammell, Laird and Co., Ltd., Birkenhead	2	2	0
Cannington, Shaw and Co., 20 Exchange Chambers	1	1	0
Carver, C. W., Cotton Exchange Buildings	1	1	0

	£	s.	d.
Carver Bros. and Co., Ltd., Cotton Exchange Buildings ...	1	1	0
Caton, Dr. and Mrs., Holly Lee, Livingston Drive, S. ...	0	10	0
City of Dublin Steam Packet Co., Regent Road ...	2	2	0
Clarkson, William, The Friars, St. Michael's Hamlet ...	1	1	0
Cliff, Miss, Red House, Hawarden ...	1	0	0
Clover, Clayton and Co., Grafton Street ...	1	1	0
Cohen, Mrs. L. S., The Priory, St. Michael's Hamlet ...	2	2	0
Collard, A., Tower Buildings ...	1	1	0
Connolly and Son, Ltd., P., 35 Naylor Street ...	0	5	0
Cookson, Ed. H., Kiln Hey, West Derby ...	1	1	0
Cooper, Wm., 17 Aigburth Hall Road ...	0	10	6
Cork Steamship Co., 4 South Mall, Cork ...	2	2	0
Cox and Co., Robert, Rimrose Road, Bootle ...	0	10	6
Crean, James, 51 Freemason's Row, N. ...	1	1	0
Crosfield, H. G., 9 Fulwood Park ...	1	1	0
Cunard Steamship Co., Ltd., Water Street ...	2	2	0
Darsie, Geo. R., 18 Brunswick Street ...	3	3	0
Deacon, J. P., H. Wade, 8 Ullet Road ...	1	1	0
Deane, Mrs. R. S., 8 Waverley Road ...	1	1	0
Dempster, John, Noctorum, Birkenhead ...	1	1	0
Derby, The Right Hon. The Earl of, Knowsley, Prescott ...	4	4	0
Dickenson, Mrs. E. H., 2 Grove Park ...	1	1	0
Dismore, Miss, 65 Shrewsbury Road, Oxtown ...	0	10	6
Distillers Company, The, 271 Vauxhall Road ...	1	1	0
Dix Bros., 22 and 23 Williamson Square ...	0	10	0
Dixon and Syers, 13 Harrington Street ...	0	5	0
Dobell, G. C., 20 Chapel Street ...	0	10	6
Dobell, Oswald, Leahurst, Neston, Cheshire ...	1	1	0
Douglas, Mrs. Robert, Oaklands, Cressington ...	1	1	0
Doux, R. le, Marlfield, West Derby ...	0	5	0
Duncan, Fox and Co., 31 James Street ...	1	1	0
Duncan and Sons, John, St. John's Fish Market ...	1	1	0
Earle, A. B., The Old Hall, Puddington, Neston ...	2	2	0
Earles and King, Ltd., A18 Exchange Buildings ...	1	1	0
Eaton, G. H., 5 Clayton Square ...	0	5	0
Eccles, E. Shorrocks, The Orchard, Huyton ...	1	1	0
Eccles and Co., Alex., Lombard Chambers ...	1	1	0
Edwards, Thos. H., Beech Lawn, Aigburth ...	1	0	0
Elkington and Co., Ltd., Birmingham ...	0	10	6
Ellison, Banks and Welsh, 31 Derby Road, Bootle ...	1	1	0
Fairrie and Co., Ltd., 21 Victoria Street ...	1	1	0
Fernie, Miss, Warrenside, Blundellsands ...	1	1	0
Fernie, Miss J., Warrenside, Blundellsands ...	1	1	0
Field, C. W., Cambrian Mills, Wood Street ...	0	10	6
Fishlock Brothers, St. John's Market ...	0	2	6
Fletcher, E. E., 42 Ullet Road ...	3	0	0
Fletcher, Mrs., 42 Ullet Road ...	1	1	0
Forrest and Co., 13 and 14 St. George's Crescent ...	0	2	6
Galatti and Co., D., 14 Apsley Buildings, Oldhall Street ...	1	1	0
Gardner, J. P., Joseph, Peel Road, Bootle ...	5	5	0
Gaskell, Jun., Mrs. Holbrook, Erindale, Frodsham ...	1	1	0
Geddes, William, 68 Princes Road ...	1	1	0
Gibbons, Mrs. Edward, Elm Lea, Linnet Lane, Sefton Park ...	1	1	0

	£	s.	d.
Gladstone, Rev. Stephen, Barrowby Rectory, Grantham ...	1	1	0
Gladstone, Robert, 9 Harrington Street ...	1	1	0
Glynn and Sons, J., 14 Chapel Street ...	1	1	0
Goffey, Thomas, Amalfi, Blundellsands ...	1	1	0
Goodwin, Gilbert S., 19 James Street ...	1	1	0
Gordon and Co., James, 7 Rumford Street ...	1	1	0
Gordon, Miss A., Kenmure House, Blundellsands ...	0	10	6
Gordon, Miss F. C., Kenmure House, Blundellsands ...	1	1	0
Gossage and Sons, Ltd., Wm., Blackstock Street ...	3	3	0
Graham, Mrs. Henry, Moss Lea, Mossley Hill ...	1	1	0
Gunson, Sons and Co., Geo., 3 Atherton Street ...	0	5	0
Harding and Parrington, 51-59 St. James Street ...	1	1	0
Harrison, Heath, Le Court, Liss, Hants....	2	2	0
Harrison, Fred. J., Maer Hall, Nr. Newcastle, Staffordshire ...	1	0	0
Harrison, T. and J., Mersey Chambers, Old Churchyard ...	2	2	0
Harrison, Eustace J., Denhall, Burton Point, Cheshire...	1	1	0
Harrison, Thos., Cranmore, Crosby Road, S., Waterloo ...	1	1	0
Hartley, Sir W. P., Sea View, Southport ...	10	10	0
Hawarden Union, Union Offices, Broughton, near Chester ...	1	1	0
Hecht, Levis and Kahn, D 15 Exchange Buildings ...	0	10	6
Heyder, Mrs. Theo. von., 3 Rumford Place ...	2	2	0
Heyne, V. D. ...	1	1	0
Higgin, R. B., 10 Stanley Road, Hoylake ...	0	10	6
Hignett, Miss A. W., Bankfield, West Derby ...	5	5	0
Higson, Daniel, Coningsby, Blundellsands ...	1	1	0
Hill, Sir John E. Gray, 10 Water Street ...	0	10	0
Holder, Thomas, 14 Alexandra Drive, Princes Park ...	1	1	0
Holder, Mrs. Thomas, Elmfield, Ullet Road ...	1	1	0
Holmes, G. M., Bedford Stores, 25-27 Myrtle Street ...	1	1	0
Holt, Miss E. G., Sudley, Mossley Hill ...	3	3	0
Hornby, Miss F. M., Orford House, Ham, Surrey ...	3	0	0
Horsfall, H. Douglas, Mere Bank, Ullet Road ...	1	1	0
Hudson, R. S., Bankhall Street ...	1	1	0
Hughes, Thomas, Green Hill, Allerton ...	1	1	0
Hughes, J. W., New Heys, Allerton ...	1	1	0
Hutchinson, Ed., 59 Burlington Street ...	1	1	0
Huxley, Thos. C., 3 Pelham Grove, Sefton Park ...	1	1	0
Hyslop, J. J., 14 Castle Street ...	0	10	0
Imperial Tobacco Co., Ltd. (Clarke's Branch), Hare Place, Scotland Rd.	1	1	0
Imperial Tobacco Co., Ltd. (Ogden Branch), Boundary Lane ...	0	10	0
Isaacson, J., Wantley, Parkfield Road, Liverpool ...	0	10	6
Jaeger and Son, George, 76 Burlington Street ...	0	10	6
Jardine, David, Queen Insurance Buildings, 2 Dale Street ...	1	1	0
Johnson, J. H. and S., Whitechapel ...	1	1	0
Johnson, Miss, Higherfield, West Derby ...	0	5	0
Johnston and Co., Ltd., Wm., Water Street ...	1	1	0
Johnston, Wm., 18 Water Street ...	2	2	0
Jones, George, The Nook, Bankfield Road, West Derby ...	1	1	0
Jones, Billson and Co., Oliver, 5 Cook Street ...	0	10	0
Jones, Mrs. W., Tyrol, Aigburth Drive ...	2	2	0
Kirkland, R., 11 Lord Street ...	0	5	0
Lancashire and Yorkshire Railway Co., Manchester ...	5	5	0
Lee and Co., Ltd., George Henry, Basnett Street ...	1	1	0

	£	s.	d.
Liverpool United Gas Light Co., Duke Street	2	2	0
"Liverpool Daily Post and Mercury," Victoria Street	0	10	6
Lockett, W. and J., 12 King Street	1	1	0
Liverpool Warehousing Co., Ltd., Oldhall Street	1	1	0
Longueirille, T., Llanforda, Oswestry	1	1	0
Macfie, Mrs. J. B., Windermere House, Princes Park	1	1	0
Martland, Wm., 29 Chapel Walks	0	10	0
MacKay, A. F. and D., 20 Water Street	0	10	6
Matchless Metal Polish Co., Ltd., Binns Road, Wavertree	1	1	0
Matheson, The Misses, Blundellsands	0	10	6
McLaren, Chas., 13 Castle Street	1	1	0
McCulloch, A. M., 9 Tithebarn Street	1	1	0
Meade-King, R. R., Sandfield Park, West Derby	1	0	0
Meadows and Co., Thomas, 13 Water Street	1	1	0
Mersey Copper Works Benevolent Fund (per R. H. Allen, Secretary, Time Office, Mersey Copper Works, Widnes)	5	5	0
Mersey Quay and Railway Carters' Union, 35 Cazneau Street	2	2	0
Mellor, James, Weston, Blundellsands	0	10	6
Midland Pottery Co., Melling	4	4	0
Monks, Hall and Co., Ltd. (Workmen of), Aspull, near Wigan	5	0	0
Morrell and Co., J., 57 Victoria Street	0	10	0
Morris and Jones, 13-15 Sir Thomas Street	0	10	6
Morrison, Mrs. G. H., Wyken House, Bridgnorth	1	1	0
Moss and Co., James, 31 James Street	2	2	0
Moss Steamship Co., Ltd., 31 James Street	1	1	0
Moss and Co., H. E., 18 Chapel Street	1	1	0
Moss, Miss Millicent H., St. Modwens, Sefton Park	1	1	0
Mostyn, Lady Augusta, Gloddæih, Llandudno	2	2	0
Mumford, C. E., Kirby Lonsdale, near Liverpool	1	1	0
Muspratt, Clifford, 15 Ullet Road	0	10	6
Muspratt, E. K., Seaforth Hall, near Liverpool	1	1	0
Musson and Co., 26 Houghton Street	0	5	0
Nicholson, Geo., Parkside, Ullet Road	2	2	0
Nicholson and Sons, Richard, 14a South Castle Street	1	1	0
Nimmo, W., Orleans House, Edmund Street	5	5	0
Ocean S.S. Co., Limited, 1 India Buildings, Water Street	2	2	0
Ogden, Thomas, Tacoma, Kent Road, Harrogate	0	10	0
Owen Owen, Limited, 119 London Road	1	1	0
Palatine Engineering Co., Ltd., 10 Blackstock Street	1	1	0
Pattinson, H., 51 Parkfield Road	1	1	0
Paynter, Mrs., Pryntririon, Amlwch, N. Wales	1	1	0
Pearson and Knowles Coal and Iron Company, Ltd., 11 Oldhall Street	1	1	0
Pelling, Stanley and Co., Limited, 52 Stanley Street	1	1	0
Perrin, E. H. & J. E., D9 Exchange Buildings	1	1	0
Phillips, W. H., Grosvenor House, Blundellsands	1	1	0
Platt, Mrs. Jane, 5 Ivanhoe Road	1	1	0
Pope, Thos. Quarry Bank, West Derby	1	1	0
Porter, Lt.-Col. R. S., 5 Grove Park	2	2	0
Porter, Mrs. R. S., 5 Grove Park	1	1	0
Preston, Mrs. Robert, Stanley House, Oakhill Park	1	1	0
Pritchard and Elson, St. John's Market	1	1	0
Ralli Brothers, 30 Exchange Street East	1	1	0
Rankine, A. G., Redcroft, Hoylake	1	1	0

	£	s.	d.
Ratcliffe, C. and H., 4 Rumford Street	1	1	0
Rathbone, A. L. R., 3 India Buildings	2	0	0
Rathbone, Miss May, Backwood, Neston	1	1	0
Rathbone, Mrs. Benson, Woodcroft, Woolton	2	2	0
Rew, Mrs., Purley Hall, Pangbourne, Berks.	1	1	0
Reynolds and Gibson, 30 Exchange Street East	1	1	0
Reyner Trust Fund (per G. O. Jones), 5 Cook Street	2	2	0
Roberts, E. F. & W., Tower Building	0	7	6
Roberts, Jesse H., Fremont, West Derby	2	2	0
Robinson's Brewery Co., Ltd., Soho Street	0	10	6
Rollo and Sons, David, Fulton Street	1	1	0
Rooke, Sons and Co., Henry, 22 Irwell Chambers East	0	5	0
Ruete, B., Irwell Chambers	0	10	0
Rutter, F. W. P., Windy Knowe, Blundellsands	1	1	0
Scholefield, Miss Jessie, 45 Mount Street, London, W.	1	0	0
Schweppes, Limited, 64 Hammersmith Road, London, W.	1	1	0
Sephton, Mrs., 90 Huskisson Street	0	10	6
Shore, J. E. and Co., Queen Insurance Buildings	0	5	0
Shore, J. E. and Co., Queen Insurance Buildings (1909)	0	5	0
Simpson, Walter M., 10 Cook Street	1	1	0
Smart and Co., The Castle Brewery, Chaucer Street	1	1	0
Smith, Coney and Barrett, 4 Chapel Street	1	1	0
Smith, Edwards and Co., 27 Cotton Exchange Buildings	2	2	0
Smith, Robert, 19 Williamson Square	0	10	0
Smith and Co., Robert, The Temple, Dale Street	0	10	0
Smyth and Co., Ross T., The Atlantic, Brunswick Street	1	1	0
Springmann and Co., J. H., 88 Rumford Place	1	1	0
Stead Brothers, 11 Rumford Street	1	1	0
Stead, Taylor and Stead, 10 The Temple, Dale Street	1	1	0
Steel, Miss, 69 Grove Street	0	3	0
Steele, Mrs. R. Topham, 31 Princes Avenue	1	0	0
Stevenson, George, 50 Brown's Buildings	1	1	0
Stewart, Miss A., 10 Welfield Place	0	5	0
Stolterfoht, J. N. (the late), Tithebarn Street	1	1	0
Stone, John, Blacklow, Roby	1	1	0
Stubbs, Frederick, 18 Princes Avenue	1	1	0
Sumner and Co., Ltd., Robert, 50a Lord Street	1	1	0
Sykes, B. C., Cleveley's Hydro, near Blackpool	1	1	0
Tate and Sons, H., H 15 Exchange Buildings	2	2	0
Temple, John, Mossley Bank, Aigburth	1	0	0
Thomas, Roland, 28 Chapel Street	1	1	0
Thompson, Anderson and Co., 9 Rumford Street	1	1	0
Thompson and Sons, Limited, Henry, 23 Houghton Street	0	2	6
Thompson, Mrs., Union Hotel, Clayton Square	0	5	0
Thorburn, J. D., Upton Cross, Chester	0	10	6
Thornely, Mrs., Nunclose, Grassendale	2	2	0
Thornely, Miss L. R., Nunclose, Grassendale	1	1	0
Threlfall's Brewery Company Limited, 21 Trueman Street	1	1	0
Timmis, T. Sutton (the late), Cleveley, Allerton	3	3	0
Tod, Mrs. H., The Grange, Woolton	0	5	0
Todmorden Industrial and Co-operative Society (per S. Sutcliffe, Secretary), 8 Dale Street, Todmorden	3	3	0
Tootell and Co., 8 Alexandra Buildings, 41 Ormond Street	0	5	0
Topp, Nathaniel, Oakhill Park, Broadgreen	1	1	0
Topp, Mrs. Nathaniel, Oakhill Park, Broadgreen	1	1	0
Travis, John, 51 Clayton Street	0	5	0
Twynem, R. C., 20 Victoria Street	0	2	6

	£	s.	d.
Unsworth, Miss M., 52 Fountainhall Road, Aberdeen ...	1	0	0
Wakefield and Co., G. H., The Atlantic, Brunswick Street ...	1	1	0
Walker, Miss Annie... ..	1	1	0
Walker, A. J., Orrell Hey, Orrell Road, Litherland ...	1	1	0
Walker, Ltd., Tanners, Litherland ...	10	10	0
Walker, Miss Lucy, South Lodge, Princes Park ...	1	1	0
Walker, M.P., Colonel Wm. Hall, Gateacre Grange, Gateacre ...	1	1	0
Walker and Son, Peter, 105 Duke Street ...	1	1	0
Wallace, J. B., H Exchange Buildings ...	0	10	0
Warren, Mrs., Strawberry Field, Woolton ...	1	1	0
Watson and Todd, 174 Regent Road ...	0	10	6
Webster, J.P., James, Glenthorne, Serpentine South, Blundellsands ...	0	10	6
White Star Line (per Ismay, Imrie and Co.) James Street ...	2	2	0
White, Tompkins and Courage, Edmund Street Mills ...	1	1	0
Wigan Coal and Iron Co., Ltd., 95 Oldhall Street ...	1	1	0
Williams and Co., J. J., 7 Tithebarn Street ...	1	1	0
Williams and Watson, 79 Victoria Street ...	0	10	6
Williams, J.P., Owen Hugh, 2 Fulwood Park ...	1	1	0
Wilson, Meyer and Co., 15 Brunswick Street ...	1	1	0
Wilson, W. H., Nortonsea, Waterloo ...	2	2	0
Wright, Crossley and Co., 17 North John Street ...	0	10	0
Wright, Miss Marie A., Gresford Bank, Gresford, North Wales ...	2	0	0
Wylie, Robert, 6 Lord Street ...	0	10	6
Young and Co., Ltd., E., 11 Seel Street ...	1	1	0
Zeigler, Mrs. von., Beverly, Livingston Drive, N. ...	2	2	0
Zerega and Co., Frederick, K Exchange Buildings ...	1	1	0
	<u>£364</u>	<u>19</u>	<u>0</u>

DONATIONS.

	£	s.	d.
A Grateful Patient (per Dr. W. T. Clegg) ...	5	5	0
Andrew, Robert, 101 Worcester Road, Bootle ...	0	5	0
Birkenhead Charities Ladies' Committee (per Mrs. Blaylock, Hon. Treasurer, Stoneycroft, Prenton) ...	4	10	0
Clarke, G. F., 19 Waterloo Road, New Brighton ...	0	10	0
"D" ...	1	0	0
Downs, Stuart, 66 Grafton Street ...	1	1	0
Earle, Miss, Childwall Lodge, Wavertree... ..	5	0	0
Galloway, A. H., 58 Clarendon Road, Egremont ...	0	5	0
Hartley, Sir W. P., and Workpeople, Aintree ...	5	0	0
Hignett, Miss A. W., Bankfield, West Derby ...	10	10	0
Holt, Alfred, Crofton, Aigburth ...	20	0	0
Hospital Sunday and Saturday Fund ...	434	8	0
Laurie, G. H., 23 Willow Bank Road, Birkenhead ...	0	5	0
Liverpool Central Relief and Charity Organisation Society, "Unappropriated Fund" ...	10	0	0
Liverpool Cyclists' and Harriers' Flower Carnival and Fancy Dress Parade (per W. J. Sawyer, 45 Charles Berrington Road) ...	6	0	0
Marsh and Sons, Peter, Creewood Buildings, 17 Brunswick Street ...	0	10	6
McCormack, R., 9 St. Domingo Vale ...	1	1	0
Miller, J. J., Orleans House, Edmund Street ...	0	10	6
Perkins, Mrs. Hugh, 17 Fulwood Park ...	20	0	0
Port Sunlight Employees Hospital Collection Fund ...	5	0	0

	£	s.	d.
Runcorn and Widnes Industrial Co-operative Society Limited, 4-6 Church Street, Runcorn	2	2	0
Shaw, Frank, Ellerslie, Sefton Park	1	0	0
Shropshire Union Railways and Canal Company, Out-door Staff, Traffic Department, Ellesmere Port	5	0	0
Todmorden Hospital Fund (per Fred Pickles, 13 Little Holme Street, Todmorden)	20	0	0
Trustees of the late James Smith, 27 Cotton Exchange Buildings	25	0	0
Vicar and Wardens of Melling Church, collection	2	16	3
Walker Bros. (Wigan) Ltd. Work-peoples' Contribution	8	16	4
Wigan Rolling Mills Co., Ltd., Wigan	5	0	0

PER THE MATRON.

Anonymous	0	10	0
Barker, Mrs., 12 Crescent Street, Todmorden	0	2	6
Johnson, Mr.	0	2	0
Johnston, Jas., Higher Slade, Padiham	1	0	0
Out-patients Room Box	1	10	11
Pickmere, Mrs. E. R., 3 East Albert Road	1	0	0

£610 1 0

DONATIONS IN KIND.

Mrs. Aikman, 28 Falkner Square	8 Pink Flannel Jackets for Children.
Mrs. Balfour, 104 Kingsley Road	5 large Dolls and 3 Toys.
Joseph Bullin, Glenburn, Prescot Road, Aughton	10/- to buy something for Children.
Church of the School for the Blind, Hardman St.	Large supply of Fruit, Flowers and Vegetables (per Mrs. Geo. Walker).
J. Clarke, 34 Castle Street	Large Basket of Roses.
Cooper and Co., Church Street	6 Boxes of Crackers for Patients, 1 Box of Chocolates.
Mrs. W. D. Crewdson, Helme Lodge, Kendal	1 Doz. Pairs Spectacles.
"Daily Mirror" (per the Editor), 11 and 12 Whitefriars Street, London, E.C.	6 Copies "Daily Mirror Reflections" for Patients.
Mrs. Fletcher, 26 Grove Park	Draught Board for Patients.
Miss Hignett, Bankfield, West Derby	Flowers many times.
Mr. and Miss Isaacson, Wantley, Parkfield Road	Flowers many times, 8 Toys for Children and Sweets.
Ladies' Committee Box	20/- to buy Clothing for Children
Liverpool Needlework Guild	45 Garments.
Matron, Blind School, Hardman Street	Basket of Fruit & Flowers.
Chas. McLaren, "Dormi," Blundellsands	Large Bouquet of Roses, Large Box of Sweets for Children, 8 dozen fancy Packets of Chocolate for Patients for Christmas time.
Mersey Docks and Harbour Board	Supply of Firewood for Year.

Mrs. Fred. Newell, 8 Hill Road, Birkenhead	...	1 doz. Xmas Stockings for Children. Flowers several times.
Miss Ruth Parr, 35 Amphill Road, Aigburth	...	4 Scrap Albums, 1 Magazine (bound), 2 Strings Postcards for Children.
Mrs. Porter, Grove Park	... ..	4 Red Flannel Bed Jackets for Women, Xmas Cards for Children, 6 Packs Playing Cards for Patients.
Mrs. Preston, Stanley House, Oakhill Park...	...	1 Dressing Gown, 6 Singlets (Women), 3 Chemises, 3 Singlets (Men), Buns for Children, 1 Box Preserved Fruit for Nurses.
Pupils, Liverpool High School, Belvidere Road	...	Large assortment of Toys and Dolls, including Caravan and Merry-go-Round.
Mrs. J. M. Quiggan, Tunstall, Blundellsands	...	7 Story Books for Patients.
Mrs. Sephton, Huskisson Street	... ..	10 large Sponge Cakes, 2 pairs Socks.
Mrs. F. Stubbs, 18 Princes Avenue	... ..	2 bags Oranges, 1 bag Sweets, 9 small boxes of Chocolates, 6 Toys, 1 Needlecase, 3 Mufflers, 3 Night-gowns for Infants, 2 Night-gowns for Women, 3 Shawls, 1 Dressing-gown for Child.
Miss L. Thornely, "Nunclose," Grassendale	...	1 box Primroses and other Flowers several times, 1 doz. Toys, 5 Night-gowns (Children), 1 Chemise, 1 Shawl, 2 Flannel Petticoats with bodices for Children, 1 knitted Petticoat, 1 Muffler, 2 Singlets.
Mrs. Topp, Englefield, Oakhill Park	... ..	9 Toys, 3 Dolls, 1 Singlet, 1 pair Flannel Drawers, 3 pairs Men's Socks, Sweets for Children.
Mrs. Geo. Walker, 45 Rodney Street	... ..	4 Dresses for Children, 3 Petticoats for Children, 1 doz. Toys, 2 Dolls.
Mrs. Frank Wilson, 5 Fulwood Park	... ..	2 pairs Bedroom Slippers, 3 Under-garments for Women, 1 Bedjacket for Women, 6 pairs Socks for Men, 5 pairs Stockings for Children, 3 Singlets for Children, 1 knitted Bodice for Women, 2 Chemises for Children, 2 Shirts for men, large box of Cast-off Clothing for Children.
Miss Wright, Gresford Bank, Gresford	... ..	6 Singlets for Men.

NEW BUILDING FUND

AND

“GEORGE EDWARD WALKER MEMORIAL”

(CHILDREN'S DEPARTMENT).

LIST OF AMOUNTS RECEIVED AND PROMISED from
1st JANUARY, 1909, to 31st DECEMBER, 1910.

	Building Fund.			George Edward Walker Memorial		
	£	s.	d.	£	s.	d.
A. R.				1000	0	0
Booth, A., Esq. ..	1000	0	0			
Holt, Miss E. G. ...	1000	0	0			
Holt, Mrs.				1000	0	0
Jardine, David, Esq.	500	0	0			
Timmis, T. Sutton, Esq.	300	0	0			
Bowring, Sir W. B.				250	0	0
Johnston, Wm., Esq.	250	0	0			
Tate, Sir Wm. H.	250	0	0			
Duncan, Fox and Co.	200	0	0			
Balfour, Williamson and Co.	150	0	0			
Brocklehurst, Henry, Esq.	150	0	0			
Fawcett, Mrs. Foley				105	16	0
Barrow, Mrs.	100	0	0			
Bates, Sir Percy ...	100	0	0			
Blundell, Geo. W., Esq.	100	0	0			
Booth, Miss E. C.	100	0	0			
Brocklehurst, G., Esq.	100	0	0			
Brocklehurst, S., Esq.	100	0	0			
Clegg, Mr. and Mrs. W. T.				100	0	0
Eills, Burton W., Esq.	100	0	0			
Friend ...				100	0	0
Harrison, Fred. J., Esq.	100	0	0			
Harrison, Heath, Esq. ...	100	0	0			
Harvie, John W., Esq.	100	0	0			
Heyder, Mrs. Theo. von	100	0	0			
Meade-King, R. R., Esq.	100	0	0			
Melly, G. H., Esq.	100	0	0			
Nimmo, Wm., Esq.				100	0	0
Preston, Mrs.				100	0	0
Singlehurst, Robt., Esq.	100	0	0			
Thornely, Miss L. R. ...				100	0	0
Topp N., Esq.				100	0	0
Walker, Mrs. George E.				100	0	0
Wood, Mrs. J. Marke ...	100	0	0			
Allan, R. G., Esq.	50	0	0			
Bartlett, Thos., Esq.	50	0	0			
Booth, Chas., Jr., Esq.	50	0	0			
Cohen, Louis S. Esq.	50	0	0			
Earles and King, Ltd. ...	50	0	0			
Oakshott, Mrs. ...	50	0	0			
Oakshott, T. D., Esq.	50	0	0			
Hutchinson, S. Mason, Esq.	50	0	0			

	Building Fund.			George Edward Walker Memorial.		
	£	s.	d.	£	s.	d.
Paton, A. B., Esq.				50	0	0
Schintz, H. G., Esq.	50	0	0			
Tod, Mrs.	50	0	0			
Whitley, Edward, Esq.	50	0	0			
Walker, J. Scarisbrick, Esq.				50	0	0
Walker, T. A., Esq.				50	0	0
Oakshott, Arthur J., Esq.	40	0	0			
Walker, Andrew Barclay, Esq.	35	0	0			
Walker, John Reid, Esq.	35	0	0			
Walker, Col. Wm. Hall, M.P.	35	0	0			
Paton, Mrs. J. R.				30	0	0
Anonymous				25	0	0
Bolton, Exors. of Wm. (Legacy)	25	0	0			
Booth, A. A., Esq.	25	0	0			
Carver, C. W., Esq.	25	0	0			
Dessommes, H., Esq.	25	0	0			
Gair, Mrs. J. H.	25	0	0			
Hood, Fernie and Co.	25	0	0			
Killick, W. G., Esq.	25	0	0			
Nimmo, Miss				25	0	0
Rathbone, Mrs.	25	0	0			
Reynolds, James P., Esq.	25	0	0			
Sinclair, Mrs. W. P.	25	0	0			
Singlehurst, Miss F. A.	25	0	0			
Smyth and Co., Ross T.	25	0	0			
Stone, Mrs. J. H.				25	0	0
Stone, John, Esq.				25	0	0
Weld and Co.	25	0	0			
Wright, Miss M. A.	25	0	0	25	0	0
Ismay, Imrie and Co.	21	0	0			
Jones Sir Alfred (the late)	21	0	0			
R. M., "One of his patients"				21	0	0
Watson and Co.	21	0	0			
Aikman, Mr. and Mrs.				20	0	0
Anonymous	20	0	0			
Brocklehurst, Mrs. G. W.	20	0	0			
Brocklehurst, J., Esq.	20	0	0			
Hughes, Thomas, Esq.	20	0	0			
Muspratt, E. K., Esq.	20	0	0			
Robinson, Miss M. E.	20	0	0			
Roxburgh, John A., Esq.	20	0	0			
Sinclair and Co., W. P.	20	0	0			
Singlehurst, Miss Jessie	20	0	0			
Wilson, W. H., Esq.				20	0	0
Hospital Boxes	19	18	7			
Douglas, Mr. and Mrs. R.				15	15	0
Porter, Col. R. S.				15	15	0
Rea, R. and J. H.	15	15	0			
Reyner Trust	12	2	5			
Rathbone, Mrs. Benson	12	0	0			
Black, W., Esq.	10	10	0			
Gladstone, Robt., Esq.	10	10	0			
Heyder, Mrs. M.	10	10	0			
Hignett, Miss B. W.	10	10	0			
Johnson, Sir Benjamin	10	10	0			
Langlands and Sons, M.	10	10	0			
Lever, W. H., Esq.	10	10	0			

	Building Fund.	George Edward Walker Memorial.
	£ s. d.	£ s. d.
Newton, J. Banner, Esq. ...	10 10 0	
Oakshott, A., Esq. ...	10 10 0	
Rozey, Chauncey, Esq., F.R.C.S. ...		10 10 0
Rollo and Sons, David ...	10 10 0	
Stubbs and Co., Richard ...	10 10 0	
Willmer, Stephen and Heape ...	10 10 0	
Woolfenden, Thompson & Co. ...	10 10 0	
Zerega and Co, F. ...	10 10 0	
Anonymous ...	10 0 0	
Brunner, Mrs. L. ...		10 0 0
Bright, Allan, Esq. ...	10 0 0	
Calder, Mrs. S. H. ...	10 0 0	
Camensch, John, Esq. ...	10 0 0	
Cohen, Mrs. Louis S. ...	10 0 0	
Fletcher, Mrs. ...	10 0 0	
Henderson, Miss C. C. ...	10 0 0	
Hornby, Miss F. M. ...		10 0 0
Isaacson, J. Esq. ...	10 0 0	
Joynson, Bentley and Co. ...		10 0 0
Kershaw, T. H., Esq. ...		10 0 0
Matheson, The Misses ...	10 0 0	
Mellor, G. H., Esq. ...	10 0 0	
Mellor, J., Esq. ...	10 0 0	
M. E. H. ...		10 0 0
Moss, Miss M. H. ...	10 0 0	
Sandys, Col. T. Myles, M.P. ...	10 0 0	10 0 0
Sephton, Mr. and Mrs. ...		10 0 0
Shaw, Frank, Esq. ...	10 0 0	
Sinclair, S. G., Esq. ...	10 0 0	
Sing, A. M., and Co. ...	10 0 0	
Simpson, J. Hope, Esq. ...	10 0 0	
Smith, Jas., Esq. ...	10 0 0	
Springmann and Co. J. H. ...	10 0 0	
Temple, John, Esq. ...	10 0 0	
Thornely, Mrs. ...	10 0 0	
Walker, Edwin R., Esq. ...		10 0 0
Weightman, W. Arthur, Esq. ...	10 0 0	
Wolstenholme and Holland ...	10 0 0	
Tharme, Mrs. (Amount Collected) ...	7 0 6	
Healey, Mrs. E. ...	5 5 0	
King, W., Esq. ...	5 5 0	
Newell, Mr. and Mrs. ...	5 5 0	
Nicol, Miss C. M. ...	5 5 0	
Moss, Miss F. M. ...	5 5 0	
Robinson, Mrs. Agnes ...		5 5 0
Rowlands, J. W., Esq. ...		5 5 0
Smith, Mr. and Mrs. A. E. ...	5 5 0	
Stubbs, F., Esq. ...	5 5 0	
Thorburn, Mrs. ...		5 5 0
Warren, Mrs. ...	5 5 0	
Abraham, Miss E. C. ...		5 0 0
Adrian, Mrs. (Amount Collected) ...	5 0 0	
Anonymous ...	5 0 0	
Barr, Lady ...		5 0 0
Beer, Cowell and Co. ...	5 0 0	
Birrell, Mrs. ...	5 0 0	
Cappell, Louis, Esq. ...	5 0 0	

	Building Fund.			George Edward Walker Memorial.		
	£	s.	d.	£	s.	d.
Clark, Mrs. E. J.	5	0	0			
Cookson, E. H., Esq.	5	0	0			
Crichton, Mr. and Mrs. W. S.	5	0	0			
Cropper, Mrs. J. W.	5	0	0			
Cross, F. R., Esq.	5	0	0			
Deacon, H. Wade, Esq., J.P.				5	0	0
Earle, Miss	5	0	0			
Edwards, Thos. H., Esq.	5	0	0			
Geddes, W., Esq.				5	0	0
Heap, R. R., Esq.	5	0	0			
Holcroft, Thos., Esq.				5	0	0
Joannides, S., Esq.	5	0	0			
Job, Samuel, Esq.	5	0	0			
Jones, H. Christian, Esq.				5	0	0
Moss, W. M., Esq.	5	0	0			
Nicholson, W. H., Esq.	5	0	0			
Paton, Mrs. J. R.	5	0	0			
Pickmere, Mrs.				5	0	0
Rathbone, Arnold R., Esq..	5	0	0			
Robinson, Mrs. Agnes				5	0	0
Rodger, H. R., Esq.	5	0	0			
Rodger, Miss K.	5	0	0			
Shaw, Frank, Esq.				5	0	0
Scott, Walter, Esq.				5	0	0
Smith, Robt., Esq.	5	0	0			
Tate, Mrs. E. L.				5	0	0
Warren, Mrs.				5	0	0
Webster, James, Esq.	5	0	0			
Heyne, V. D., Esq.				4	4	0
Friend				4	0	0
Bushby, Sons and Beazley	3	3	0			
Eccles, E. Thorrock, Esq.	3	3	0			
Goodyear and Co.	3	3	0			
Henderson, W. Saville, Esq., M.D.				3	3	0
Saffley, Dr. and Mrs.	3	3	0			
Rigg, Morden, Esq.	3	0	0			
Rolger, Miss E. A.	2	10	0			
Waddell, Kerr, Esq.	2	10	0	2	10	0
Green, Mrs. (Amount Collected)	2	5	9			
"Thankoffering"				2	5	0
Henderson, Mrs....				2	2	6
Banks, Lady E. Mitchell				2	2	0
Barker, Miss Alice A.				2	2	0
Barnes, J., Esq.	2	2	0			
Bartlett, Mrs. A. J.				2	2	0
Chilton, Miss H....				2	2	0
Cookson, Mrs. Henry	2	2	0			
Cookson, Mr. and Miss Alice M.				2	2	0
Geddes, Miss C. A.				2	2	0
Grant, Alderman... ..				2	2	0
Harper, J. A., Esq.				2	2	0
Henderson, T. Syme, Esq.				2	2	0
Hunter, Murray, Esq.	2	2	0			
Johnston, Miss	2	2	0			
Moss, Miss E. M.				2	2	0
Musker, H., Esq.				2	2	0
Paget, T. E.	2	2	0			

	Building Fund.			George Walker Memorial.			Edward Memorial.		
	£	s.	d.	£	s.	d.	£	s.	d.
Porter, Mrs. R. S.							2	2	0
Pritchard, Richard, Esq., C.C....	2	2	0						
Taylor, G. G. Stopford, Esq.							2	2	0
Warr, Mrs. A. F.	2	2	0						
Watts, Mrs.							2	2	0
Williams, T., Esq.	2	2	0						
Wood, Joshua, Esq.	2	2	0						
Stolterfoht, Miss J. E.	2	1	0						
C. J. M.	2	0	0						
Forshaw, Miss E. (Amount Collected)							2	0	0
Wilson, Hiles and Co.	2	0	0						
Wilson, Meyer and Co....	2	0	0						
Matron (Amount Collected)	1	16	0						
Albrecht, F. and Co.	1	1	0						
Anonymous	1	1	0						
Anonymous	1	1	0						
Atkinson, J. J., Esq.	1	1	0						
Barlow, W., Esq....	1	1	0						
Brookfield, G., Esq.							1	1	0
Burrell, Mrs.	1	1	0						
Carroll, Peter, Esq.	1	1	0						
Clarke, Mrs. Stanley							1	1	0
Cooke, H. J., Esq.	1	1	0						
Deery, P. J., Esq.	1	1	0						
D. J.	1	1	0						
Fisk, A. P., Esq.							1	1	0
Fletcher, Mrs. Henry	1	1	0						
Geddes, Miss	1	1	0						
Gill-Body, Mrs.							1	1	0
Glynn, Dr. Ernest							1	1	0
Gough, Mrs. J. R.							1	1	0
Greenshiels, Miss	1	1	0						
Harradon, Geo. A., Esq.	1	1	0						
Harris, W. H., Esq.	1	1	0						
H. G.	1	1	0						
Heise, F. G., Esq.							1	1	0
Hill, Miss Mary	1	1	0						
Isaacson, Mrs.							1	1	0
Isaacson, Miss	1	1	0						
Jackson, David, Esq.	1	1	0						
Jackson (the late) Mrs. J.	1	1	0						
Japp, Miss Margaret C.	1	1	0						
Kimmond, Mrs. D.	1	1	0						
Lloyd, J. W., Esq.							1	1	0
Logan, Dr.							1	1	0
McCulloch, Miss F. G.							1	1	0
Miles, Miss E. A.	1	1	0						
M. W.							1	1	0
"Nautilus"							1	1	0
Paget, Mrs. T. E.	1	1	0						
Pain, Miss and Friend							1	1	0
Paterson, Mrs.	1	1	0						
Phillips, the Misses M. and T.	1	1	0						
Sanders, John, Esq.	1	1	0				1	1	0
Stack, Dr. M. Tancred							1	1	0
Strafford, J. O., Esq.	1	1	0						

	Building Fund.			George Edward Walker Memorial.		
	£	s.	d.	£	s.	d.
Todd, A. T., Esq.				1	1	0
Verdin, Mrs.	1	1	0			
Whiting, Joshua, Esq.	1	1	0			
Wilson, Miss M. C.				1	1	0
Wren, Miss E. G.				1	1	0
Bullin, J., Esq.				1	0	0
Currie, Rowlands and Co.	1	0	0			
Dixon, Thos. H., Esq.				1	0	0
"F.H." (Liverpool)	1	0	0			
Hornby, Miss H. C.				1	0	0
Lee, T., Esq.	1	0	0			
May, Mrs....				1	0	0
Richardson, Miss. M. V.	1	0	0			
Smith, The Misses	1	0	0			
Wright, Vincent B., Esq.				1	0	0
Evans, Miss				0	10	6
"Grateful Patient"				0	10	6
Muspratt, Clifford, Esq.	0	10	6			
Pennington, Mrs. T. R.	0	10	6			
Roe, Mrs....				0	10	6
Thomas, Mrs. Owen	0	10	6			
"Wellwisher"				0	10	6
A Friend	0	10	0			
Bore, J. W., Esq.	0	10	0			
Finlay, Mrs. Oscar	0	10	0			
Jesmer, H., Esq.	0	10	0			
Nicol, Miss				0	10	0
Noble, Wm., Esq.	0	10	0			
Ratcliffe, Mrs.	0	10	0			
Stubbs, The Misses				0	10	0
Wadsworth, The Misses	0	10	0			
Anonymous (Rice Lane, L'pool.)	0	5	0			
Anonymous (Liverpool E.D. 7, 22 No. 10)	0	5	0			
Anonymous (Chorley B., 7 Dec. 10)	0	5	0			
Barkam, Miss Foster	0	5	0			
Thornely, Miss	0	5	0			
Carruthers, Mrs. (Amount collected)	0	3	1			

£7,283 8 10 £3,699 14 6

£10,983 3 4

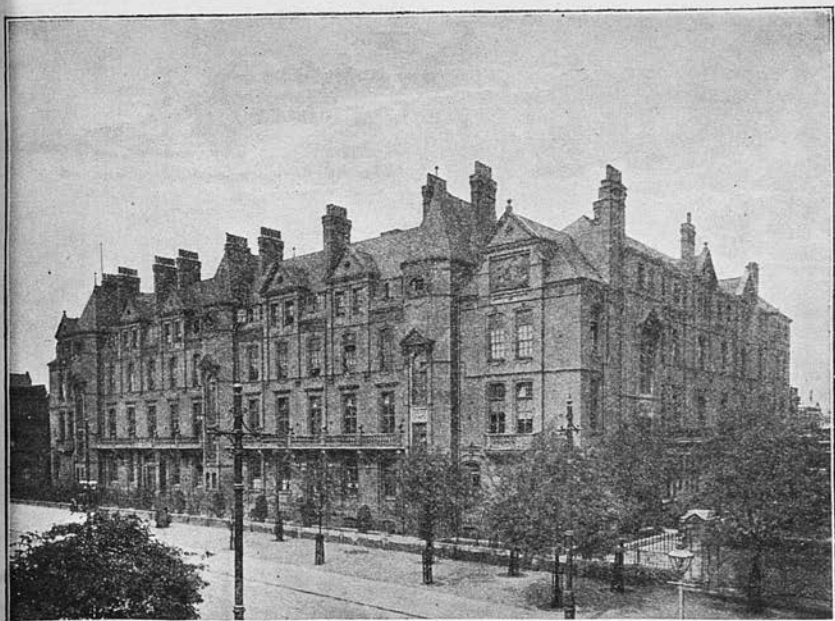
FORM OF BEQUEST.

I bequeath to the St. Paul's Eye Hospital (late St. Paul's Eye and Ear Hospital), of the City of Liverpool, the sum of £..... And I declare that the said charitable legacy shall be free from legacy duty, and that the same and the legacy duty thereon respectively shall be paid out of that part of my personal estate which is legally applicable for the purpose. And I declare that the receipt of the Treasurer or Treasurers for the time being of the said Hospital shall be a sufficient discharge for the same.

MANCHESTER
ROYAL EYE HOSPITAL

(FOUNDED 1814)

OXFORD ROAD,
AND 24, ST. JOHN STREET, DEANSGATE.

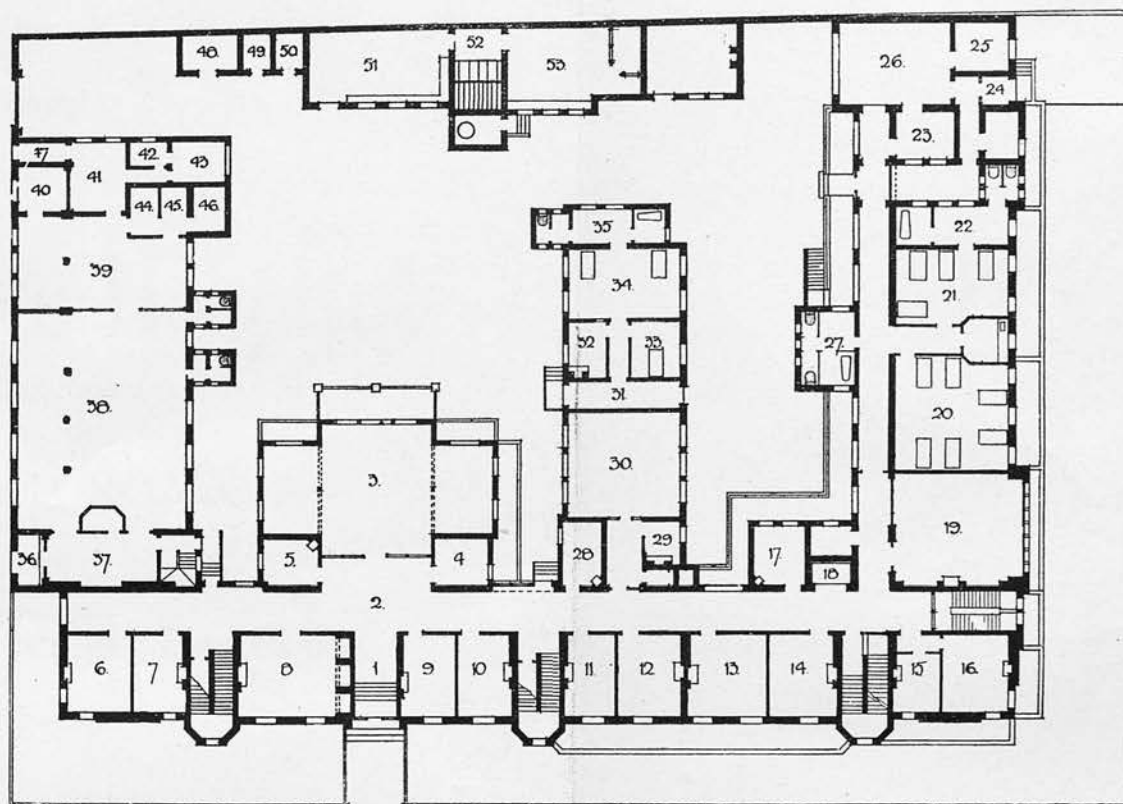


ANNUAL REPORT

1910.

"GUARDIAN" GENERAL PRINTING WORKS,
MANCHESTER, REDDISH, AND LONDON.

PLAN OF ENLARGED HOSPITAL, OXFORD ROAD. GROUND FLOOR.



1886. PENNINGTON & BRIDGEN,
ARCHITECTS.

1908. W. CECIL HARDISTY, F.R.I.B.A.,
ARCHITECT.

KEY.

- | | | | |
|------------------------------|------------------------------|-----------------------------|------------------------------|
| 1.—Entrance. | 15.—Matron's Office. | 28.—House Surgeon's Room. | 41.—Medicine Waiting Hall. |
| 2.—Hall. | 16.—Sisters' Room. | 29.—Pantry and Service. | 42.—Recovery Room. |
| 3.—Dining Hall. | 17.—Honorary Surgeon's Room. | 30.—Nurses' Dining Room. | 43.—Operating Room. |
| 4.—Service. | 18.—Lift. | 31.—Disconnecting Passage. | 44. } Ophthalmoscopic Rooms. |
| 5.—Waitress. | 19.—Nurses' Sitting Room. | 32.—Nurse. | 45. } |
| 6. } House Surgeons' Rooms. | 20.—Men's Ward. | 33.—Isolation Ward. | 46. } |
| 7. } | 21.—Women's Ward. | 34.—Isolation Ward. | 47.—Out-patients' Exit. |
| 8.—Board Room. | 22.—Lavatory, &c. | 35.—Lavatory. | 48.—Mortuary. |
| 9.—Secretary's Office. | 23.—Ante-room. | 36.—Out-patients' Entrance. | 49. } Dust. |
| 10. } | 24.—Students' Entrance. | 37.—Hall. | 50. } |
| 11. } House Surgeons' Rooms. | 25.—Sterilizing Room. | 38.—Waiting Hall. | 51.—Ironing Room. |
| 12. } | 26.—Lecture Theatre. | 39.—Examination Hall | 52.—Drying Horses. |
| 13.—Matron. | 27.—Lavatory, &c. | 40.—Dispensary. | 53.—Washhouse. |
| 14.— | | | |

THE
ANNUAL REPORT
OF THE
MANCHESTER
Royal Eye Hospital

(Founded 1814)


OXFORD ROAD,
AND
24, St. John Street, Deansgate,
FOR THE YEAR 1910.



"GUARDIAN" GENERAL PRINTING WORKS
MANCHESTER, REDDISH, AND LONDON.

CONTENTS.

	PAGE
Officers for 1911	8
Report of the Board of Management for 1910.....	9
Progress of the Hospital	13
Treasurer's Statement for 1910	16
MEDICAL REPORT FOR 1910 :—	
I.—General Statistics	18
II.—Specified Return of Cases of Disease Admitted.....	19
III.—A. Record of Operations.....	21
B. Specified List of ditto	21
IV.—Details of Cataract Extractions	22
V.—Trades and Callings of the Patients Admitted in 1910.....	96
VI.—Residences of In-patients	97
VII.—Residences of Patients Admitted in 1910.....	98
Form of Bequest and General Notices	100
Attendance of Surgeons at the Hospital.....	100
Trustees and Subscribers for 1910 (Manchester and Salford).....	101
Ditto ditto ditto (Amalgamated Society of Engineers, &c.)	107
Ditto ditto ditto (Country).....	107
District Councils Subscribing to the Hospital	115
Boards of Guardians ditto	116
Donations, 1910	117
Legacies	118
Benefactors who are Life Trustees	121
Donations to Extension Fund	128
Rules	133

 The Institution having been frequently IMPOSED UPON BY PERSONS WHO ARE NOT FIT OBJECTS OF CHARITY, Trustees are particularly requested, before they give a recommendation, to satisfy themselves (in compliance with Rule XXV.) respecting the circumstances of the applicant.

Subscribers are respectfully requested to bring this Report under the notice of their friends.

Further information may be obtained on application to

W. SHELLEY PROPHET, SECRETARY,

ROYAL EYE HOSPITAL,

OXFORD ROAD, MANCHESTER.

*Subscriptions or donations may be paid into the Williams
Deacon's Bank, Ltd., St. Ann Street Branch.*

MANCHESTER ROYAL EYE HOSPITAL.

At the Annual Meeting of the Trustees of the Manchester Royal Eye Hospital, held 25th January, 1911, in the Board Room of the Hospital, P. W. KESSLER, Esq., Chairman of the Board of Management, in the chair, the following resolutions were passed :—

The Annual Report was read by John Youatt, Esq., in the absence of the Honorary Secretary, and the Accounts were taken as read.

Moved by P. W. KESSLER, Esq., and seconded by Rev. W. H. NEWETT :—

That the Report of the Board of Management, with the Treasurer's Balance Sheet, be received, adopted, printed, and circulated under the direction of the Board.

Moved by Lady DONNER, and seconded by Miss SCOTT :—

That the thanks of the Meeting be presented to the Board of Management and to the Medical and other Honorary Officers for their services during the year.

Moved by RUSSELL ALLEN, Esq., and seconded by A. W. ARNING, Esq. :—

That the best thanks of the Meeting be given to the Ladies' Committee for their kind and valuable services during the year.

Moved by T. A. DREW, Esq., and seconded by J. B. McKERROW, Esq. :—

That the following be appointed officers for the ensuing year. (See page 8.)

Moved by EDWIN OLIVER, Esq., and seconded by JOHN YOUATT, Esq. :—

That the best thanks of the Meeting be presented to Messrs. S. E. Cottam & Son and to R. P. Goldschmidt, Esq., for the valuable services rendered by them as Honorary Auditors of the Hospital accounts.

P. W. KESSLER, Chairman.

The chair, having been vacated by P. W. Kessler, Esq., was taken by EDWIN OLIVER, Esq., and the following resolution was passed on the proposition of Dr. EMRYS JONES, seconded by Dr. HILL GRIFFITH :—

That the cordial thanks of this Meeting be presented to P. W. Kessler, Esq., for his valuable services in the chair.

EDWIN OLIVER, *Chairman.*

W. S. PROPHEET, *Secretary.*

Patrons.

THE RIGHT REVEREND THE LORD BISHOP OF MANCHESTER.
THE RIGHT HONOURABLE THE LORD MAYOR OF MANCHESTER.

President:

THE RIGHT HONOURABLE THE EARL OF DERBY.

Vice-Presidents:

C. S. AGNEW, Esq.
Mrs. DAVID BANNERMAN.
Sir W. J. CROSSLEY.

Sir EDWARD DONNER, Bart.
Sir W. H. HOULDSWORTH, Bart.
C. E. GLASCOTT, Esq., M.D.

Special Trustees:

C. S. AGNEW, Esq.
Sir EDWARD DONNER, Bart.
Alderman H. J. GOLDSCHMIDT, J.P.

J. C. HILTON, Esq., J.P.
P. W. KESSLER, Esq.
J. R. MURRAY, Esq.

Board of Management.

P. W. KESSLER, Esq., Chairman.

C. L. AGNEW, Esq.
RUSSELL ALLEN, Esq., D.L.
A. W. ARNING, Esq.
R. NOTON BARCLAY, Esq.
T. A. DREW, Esq.
ALFRED GADDUM, Esq.

J. B. McKERROW, Esq., J.P.
ALAN F. MACLURE, Esq.
F. L. STEEL, Esq.
LEONARD TATHAM, Esq.
JOHN YOUATT, Esq.

Treasurer—EDWIN OLIVER, Esq.

Honorary Secretary—Alderman H. J. GOLDSCHMIDT, J.P.

Auditors:

Messrs. S. E. COTTAM and SON. | R. P. GOLDSCHMIDT, Esq.

Honorary Consulting Surgeons:

C. E. GLASCOTT, Esq., M.D. | E. ROBERTS, Esq., M.R.C.S.

Honorary Medical Officers:

A. EMRYS-JONES, Esq., M.D. | J. G. CLEGG, Esq., M.D., B.S., F.R.C.S.
A. HILL GRIFFITH, Esq., M.D. | H. HORSMAN McNAB, Esq., M.D.
JOHN WHARTON, Esq., M.A., M.D. (Camb.).

House Surgeons:

T. M. BRIDE, Esq., M.D.
HARRY V. WHITE, Esq., M.B., Ch.B.
DOUGLAS RODGER, Esq., M.B., Ch.B.

Secretary and Collector—WILLIAM SHELLEY PROPHET.
Matron—Miss SUTHERLAND.

Ladies' Committee.

President:

THE RIGHT HONOURABLE THE COUNTESS OF ELLESMERE.

Vice-President:

Mrs. MEEK.

Honorary Secretary:

Mrs. KOLP.

Mrs. AITKEN.
Mrs. ALFRED ARNING.
Mrs. ASHETON ATKINSON.
Mrs. J. ARMITAGE BENNETT.
Mrs. BROADHURST.
Miss CORFIELD.
Lady DONNER.
Miss GASKELL.
Miss HEINE.

Mrs. FRANK HESSE.
Miss ISABEL M. HEYWOOD.
Miss LANG.
Miss MELDRUM.
Mrs. DAVID MOSELEY.
Miss SCOTT.
Mrs. MEDLAND TAYLOR.
Mrs. TOLLER.

Bankers:

WILLIAMS DEACON'S BANK LIMITED,
St. Ann Street Branch.

Manchester Royal Eye Hospital.

REPORT OF THE BOARD OF MANAGEMENT.

THE Board of Management of the Manchester Royal Eye Hospital, in presenting to the Trustees and Subscribers the Report for the year 1910, have pleasure in placing on record the fact that the Hospital has continued its career of useful activity in ministering to the wants of the suffering poor, not only of Manchester and Salford, but also of the neighbouring districts, which furnish a large proportion of the patients who apply to the Hospital for treatment. The numbers again show a great increase, and are larger than those of any previous year.

The figures, compared with those of the preceding year, are as follows:—

OUT-PATIENTS ADMITTED.

22,067 at Oxford Road, an increase of 1,943

12,775 at St. John Street, a decrease of 195

Total 34,842

A net increase of 1,748

The number of In-patients admitted at Oxford Road was 1,987, an increase of 352, and the average length of their stay in the Hospital was 20·1 days.

The number of accident cases treated at the two Hospitals was 8,722, an average of 27 per day.

This large increase in the number of patients and the enlargement of the Hospital necessitated thereby have naturally involved a very considerable increase in the annual expenditure, and the Board have once more to appeal to the generosity of the public. As the donations received towards

the cost of the new buildings were not sufficient to meet the expenditure it was found necessary, with the sanction of the Trustees, to utilise legacies and special donations received during the period of construction towards the payment of the building. This will have to be continued during the coming year, and it will be readily seen how unsatisfactory it must be to use for capital expenditure sums of money which ought to be invested for the purpose of providing the increased annual income which will be required for the maintenance of the enlarged Hospital. It is hoped that the public will provide generously for the needs of the Hospital, either in the way of donations to **replace the £12,000** which has to be appropriated to the cost of building, or in annual subscriptions, which, if no further help be forthcoming, will show a **deficit of about £1,000 per annum**. It is felt that many persons and firms who could and should be subscribers to the Hospital will, if its needs are brought home to them, respond to the claims of an institution which relieves so much suffering.

Contributions have, as usual, been received from many Co-operative Societies in the neighbourhood, from the Amalgamated Society of Engineers, and from many other organisations and private individuals in Manchester, Salford, and the surrounding districts, and the cordial thanks of the Board of Management are given to the donors.

The sum of £210. 19s. 7d. was received from the Manchester and Salford Hospital Sunday Fund, £219. 19s. 1d. from the Manchester and Salford Hospital Saturday and Convalescent Homes' Fund, £20 from the Lord Mayor of Manchester as distributor of Clarke and Marshall's Charity, and £50 from the distributors of the Booth Charities.

The special donations include £500 from Mr. Adolph Ahrens in commemoration of his 70th birthday, £6. 6s. from the Huddersfield Industrial Society, in commemoration of

their jubilee, and £20 from Mr. and Mrs. Asheton Atkinson, for the planting of the garden of the hospital.

The legacies received during the year were £100 from Mr. Thomas Ward Jones, and £150 (in addition to £4,800 previously received) from Mr. Herbert Grundy.

The Board once more have to express their thanks to Messrs. Thomas Armstrong and Brother, of Deansgate, for their usual liberality in supplying, free of charge, a large number of spectacles for the use of the poorer patients; and their thanks are also due to the Hospital Work Society and the Manchester and East Cheshire Needlework Guild for providing a number of articles of clothing for the use of the patients.

During the past year the Hospital has lost by death two of the Vice-presidents, Sir William Agnew and Mr. Gerald Peel. Both of these gentlemen in former years took considerable interest in the welfare of the Hospital, and the Board record their death with sincere regrets.

The Honorary Medical Staff have worked with their usual zeal and devotion in the interests of the Hospital and of the patients under their care, and the Board have much pleasure in again expressing their gratitude to the members of the staff for their work. Dr. Glascott, who had been actively connected with the Hospital for the long period of 42 years, retired from Manchester at the end of the year, but his name will remain associated with the Hospital in the capacity of Honorary Consulting Surgeon. Mr. Edward Roberts, who has also severed his connection with the Hospital on his retirement from Manchester, has also been appointed Honorary Consulting Surgeon. Mr. Roberts has been associated with the Hospital for 25 years, and the loss of his services is also greatly regretted by the Board and by all with whom he has worked. Dr. John Wharton, who had been Honorary Assistant Surgeon, has been appointed Honorary Surgeon.

Dr. Bride, the Senior House Surgeon, and Mr. White, the second House Surgeon, have each had their appointment extended for one year. These gentlemen, and Mr. Rodger, the third House Surgeon, have continued to perform their duties to the entire satisfaction of the Board.

Miss Sutherland continues to fill the post of Matron in a thoroughly efficient manner, and Mr. W. S. Prophet has, as in former years, rendered valuable services as Secretary to the Hospital.

The forms of disease treated and particulars of the number and character of the operations performed during the year will be found tabulated as usual, as well as full details of the numbers, residences, and occupations of the patients, and other information which may be of interest to the subscribers and friends of the Institution.

The statement of Income and Expenditure and the Balance-sheet showing the investments of the Hospital, are appended.



TABLE SHOWING THE PROGRESS OF THE
HOSPITAL.

Year.	Patients Admitted.	In-Patients.	Accidents.	Operations.	Income.			Expenditure.			Subscrip- tions.		
					£	s.	d.	£	s.	d.	£	s.	d.
1815	1885	195	0	0	202	19	11
1846	1473	..	202	..	371	6	7	437	11	5	309	6	9
1847	1484	..	187	..	Sept., 1848 to Dec., '49			1567			417		
1848	1525	..	198	..									
1849	1378	..	199	..									
1850	1464	..	192	..	1803	1	0	837			339		
1851	1639	..	199	..	602	2	9						
1852	1789	..	205	..	569	13	5						
1853	1863	..	310	..	763	0	5	535			402		
1854	1776	..	207	..	725	4	1						
1855	1892	..	228	..	630	6	10						
1856	2062	..	250	..	696	1	4	694			556		
1857	2160	..	271	..	1008	13	10						
1858	2097	..	216	..	925	18	5						
1859	2200	..	161	..	830	18	2	906			604		
1860	2227	..	203	..	708	8	2						
1861	2476	..	227	..	752	13	10						
1862	2289	136	367	..	726	9	7	752			603		
1863	2965	155	470	..	772	4	11						
1864	3205	215	602	513	774	9	7						
1865	3615	260	773	760	984	9	7	818			773		
1866	3812	265	836	634	1073	3	9						
1867	3872	398	839	574	1097	5	3						
1868	4600	705	987	928	1145	8	5	1402			871		
1869	4900	720	921	837	1502	2	9						
1870	6022	886	1121	996	1846	9	6						
1871	6359	931	1302	1077	1930	1	7	1966			1336		
1872	6832	954	1459	982	2016	13	4						
1873	6770	1013	1283	863	1990	9	8						
1874	7008	930	1385	790	2323	5	5	1918			1433		
1875	7508	942	1554	885	2445	7	5						
1876	7477	1050	1626	982	2406	13	9						
1877	8325	1061	1976	958	2438	18	4	2125			1501		
1878	8591	1102	1690	1079	2479	18	4						
1879	8573	1082	1324	1005	2562	1	9						
1880	10262	1178	1764	1156	2617	17	10	2063			1479		
1881	10919	1130	1802	1145	2326	6	11						
1882	12961	1265	1905	1212	2816	19	1						
1883	14702	1213	2090	1365	2543	19	1	2537			1507		
1884	15427	1155	2190	1597	2855	4	7						
1885	15184	1253	2283	1610	3171	19	10						
1886	16251	1402	2272	2021	3334	10	4	2265			1943		
1887	16695	1396	2301	2036	3397	3	10						
1888	17308	1301	2474	1643	3667	14	10						
1889	18657	1341	2930	1602	3775	4	1	c3894			2052		
1890	18270	1275	3042	1606	3911	17	1						
1891	17849	1241	3187	1722	4271	11	3						
1892	18072	1306	2846	1700	4212	15	10	3693			2228		
1893	18901	1315	3237	1763	4435	1	9						
1894	21578	1336	3020	1850	4453	15	6						
1895	20708	1363	3251	2098	4178	10	7	3413			2134		
1896	22364	1370	3825	2071	4209	7	8						
1897	22059	1415	3988	2171	4281	16	8						
1898	23369	1394	4574	1901	4894	6	7	d4531			2072		
1899	23616	1433	5051	1990	4429	6	5						
1900	24135	1456	5062	1976	4707	1	1						
1901	22973	1344	5396	1827	4799	12	7	f4993			2142		
1902	24478	1465	5529	2745	4786	12	5						
1903	26342	1407	5776	1804	5310	2	5						
1904	27619	1544	5874	2107	5046	18	11	k5275			2193		
1905	28273	1500	6932	2217	5116	14	5						
1906	30447	1593	9096	2425	5166	1	4						
1907	32643	1523	9396	2226	4882	14	8	m5443			2139		
1908	31793	1553	9140	2178	5325	10	5						
1909	33094	1635	7124	1941	5261	15	3						
1910	34842	1987	8722	2274	5236	6	4	6288			2225		
					5225	6	9						
					6015	14	10						
					6965	2	0				2206		

The Hospital was founded in 1814, and was located first in King Street, then in Faulkner Street, and afterwards in Princess Street, at the corner of Clarence Street. The premises No. 3, South Parade, were opened in 1840.

- a* The Hospital in St. John Street was occupied January 10th, 1867.
- b* The Hospital in Oxford Road was formally opened February 15th, 1886.
- c* Including £924, cost of alterations at St. John Street Hospital.
- d* Including £525, cost of enlargements at Oxford Road Hospital.
- e* Including £1,194, cost of enlargements at Oxford Road Hospital.
- f* Including £236, cost of enlargements and additions at Oxford Road Hospital.
- g* Including £404, cost of enlargements and additions at Oxford Road Hospital.
- h* Including £74, cost of enlargements and additions at Oxford Road Hospital.
- j* Including £971, cost of alterations and additions.
- k* Including £215, cost of alterations and additions.
- l* Including £324, cost of alterations and additions.
- m* Including £55, cost of alterations and additions.

Dr. BALANCE SHEET (EXTENSION ACCOUNT), 31ST DECEMBER, 1910. *Cr.*

	£	s.	d.		£	s.	d.
To Donations, &c., received to December 31st, 1909.....	16457	16	11	By Purchase of Land.....	2500	0	0
" " received during year 1910	256	2	0	" Cost of building, &c., to date	23835	16	7
Balance	9621	17	8				
					£26335	16	7

Audited and found correct,

S. E. COTTAM & SON, Chartered Accountants.
R. P. GOLDSCHMIDT.

	£	s.	d.	£	s.	d.
Funds invested as per Balance Sheet, December 31st, 1909	71961	0	2			
<i>Less</i> £150 Manchester Corporation Consolidated Four per cent. stock held in trust by Lord Mayor.....	150	0	0			
Depreciation on holding of Wigan Corporation Debenture Stock	52	13	0	202	13	0
				71758	7	2
Add Legacies received during 1910 :—						
Executors of Mr. Herbert Grundy	150	0	0			
Mr. Thomas Ward Jones	100	0	0			
„ „	250	0	0			
„ „ Donation from Mr. Adolph Ahrens	500	0	0			
	72508	7	2			
Deduct Balance of Expenditure in excess of Income ..	949	7	2			

Audited and found correct,

S. E. COTTAM & SON, Chartered Accountants,
R. P. GOLDSCHMIDT.

£71559 0 0

	£	s.	d.
Corporation of Manchester—			
£6150 Consolidated Four per Cent. Stock	6150	0	0
£4000 Three-and-a-Half per Cent. Loan	4000	0	0
£1500 Three per Cent. Loan	1500	0	0
£1000 Three-and-a-Half per Cent. Loan	1500	0	0
£1000 Three-and-a-Half per Cent. Bond	1031	11	0
Corporation of Wigan			
£673 15s. Four-and-a-Quarter per Cent. Debenture Stock	1673	15	0
£1000 Four per Cent. Debenture Stock			
London and North-western Railway Co.—			
£1067 Three per Cent. Debenture Stock	800	6	8
£1133 Do. do.	1060	11	9
£1120 Do. do.	998	11	7
£2135 Do. do.	1965	8	3
Corporation of Blackburn—			
£4300 Three-and-a-Half per Cent. Irredeemable Stock	4161	10	6
Government of India—			
£5000 Three per Cent. Stock	4406	5	0
£4000 Three-and-a-Half per Cent. Stock	4237	10	6
Corporation of Wolverhampton—			
£4000 Three-and-a-Half per Cent. Stock	4010	0	0
Corporation of Salford—			
Three-and-Five-eighths per Cent. Loan	1000	0	0
Three-and-a-Half do.	2500	0	0
Corporation of Bolton—			
Three-and-a-Half per Cent. Loan	2000	0	0
Corporation of Todmorden—			
£50 Three per Cent. Loan	50	0	0
Lancashire and Yorkshire Railway Co.—			
£1500 Three per Cent. Preference Stock	1615	13	6
£7742 Do. 1897 do.	8223	11	8
£1000 Three per Cent. Debenture Stock	1057	13	6
Corporation of Liverpool—			
£1000 Three-and-a-Quarter per Cent. Loan	1000	0	0
South-Eastern Railway Co.—			
£2000 Three per Cent. Preference Stock	2085	0	0
Great Western Railway Co.—			
£1600 Four per Cent. Debenture Stock	2112	12	2
Midland Railway Co.—			
£1700 Two-and-a-Half per Cent. Debenture Stock	1441	11	9
£1323 Do. Consolidated Preference Stock	934	14	0
Messrs. Williams Deacon's Bank, Ltd.	370	14	8
Balance of Extension Account	9621	17	8
	£71559	0	0

MEDICAL REPORT FOR 1910.

I.—GENERAL STATISTICS.

Number of patients taken over from 1909	2,000
„ „ admitted in 1910	34,842
„ „ attended to in 1910	36,842
„ „ taken on to 1911	2,000
„ „ discharged in 1910	34,842
„ accidents admitted in 1910	8,722
„ attendances on Patients	about 100,000
„ operations performed	2,274
„ In-door Patients during 1910	1,987
Total of time passed by them in the Hospital	weeks 5,716
Average stay of In-door Patients in the Hospital	days 20·1
„ cost of board per In-patient	per week 3s. 11 $\frac{3}{4}$ d.
„ „ „ Servants and Officials	per week 6s. 3 $\frac{1}{4}$ d.
„ of newly admitted cases daily	111·3
„ of accidents daily	27
Number of beds	130
Average number of beds occupied	109·6

II.—SPECIFIED RETURN OF CASES.

A.—INJURIES.

Metal "Chips," &c.	5372	Sclerocorneal Wound	32
Blows	83	"Chip" in Anterior Chamber.....	2
Cut Lid	47	Scleral Wound	11
Burns and Scalds.....	251	Hyphæma, mostly traumatic	45
Gunpowder Explosions	5	Iridodialysis	3
Ecchymosis of Lids	55	"Chip" in Iris	7
Emphysema of Lids.....	3	" " in Lens	7
Subconjunctival Ecchymosis	203	Dislocation of Lens	2
Traumatic Conjunctivitis	924	Traumatic Cataract	60
Conjunctival Wound	61	"Chip" in Vitreous	18
Corneal Abrasion	1291	Rupture of Choroid.....	2
" Wound, with prolapse of Iris	107	Hæmophthalmos	9
Traumatic Ulcer	91	Rupture of Globe	31

B.—DISEASES.

LIDS.

Edema	18
Blepharitis	598
Eczema	23
Hordeolum	201
Abscess	173
Simple Cyst	10
Chalazion	317
Sebaceous Cyst.....	33
Papilloma	9
Molluscum	5
Rodent Ulcer.....	11
Trichiasis	93
Ectropion	54
Entropion	35
Lymph Nævus	2
Nævus	10
Dermoid Cyst	24
Epicanthus	14
Ankyloblepharon	6
Ringworm	1
Epithelioma	2

ORBIT.

Cellulitis	3
Periostitis	5
Tumour	5
Sarcoma	1

LACHRYMAL APPARATUS.

Acute Dacryocystitis	55
Lachrymal Fistula	9
Epiphora	287
Lachrymal Obstruction	258
Congenital Lachrymal Obstruction	5
Enlargement of Lachrymal Gland.....	1

CONJUNCTIVA.

Conjunctivitis, Catarrhal, Acute, and Chronic	3874
" Purulent in infants ..	258
" " in adults ..	4
" Granular—Trachoma ..	273
" Phlyctenular	596
" Tuberculous	3
" Membranous	45
" Follicular	9
Xerophthalmos	2
Argyria	1
Simple Cyst	6
Pinguecula	16
Pterygium	10
Dermoid	3
Symblepharon	7
Lymphangioma	11

CORNEA AND SCLERA.

Keratitis	514
" Vascular	32
" Phlyctenular	179
" Diffuse	203
" Bullous	11
" with Hypopyon	15
Scleritis and Episcleritis	42
Ulcer of Cornea	907
" Perforating	14
" with Hypopyon	110
Serpiginous Ulcer	17
Necrosis of Cornea	3
Kerato-iritis	52
Leucoma and Nebula	249
Adherent Leucoma	24
Lead Opacity	1
Keratoconus	4
Staphyloma	15
Ciliary Staphyloma	10
Microcornea	5

SPECIFIED RETURN OF CASES—Continued.

IRIS.

Iritis, Syphilitic, Rheumatic, &c.....	281
„ Tuberculous	8
Synechia Anterior	24
„ Posterior	92
Congenital Coloboma	9
„ Aniridia	1
Corectopia	14
Persistent Pupillary Membrane.....	11

LENS.

Senile Cataract.....	551
Diabetic Cataract	17
Calcareous Cataract.....	7
Anterior Polar Cataract	25
Posterior Polar Cataract.....	29
Aphakia	111
Dislocation	5
Congenital Cataract.....	16
Zonular Cataract	64

VITREOUS.

Hæmorrhage into Vitreous.....	3
Opacities	59
Muscae Volitantes.....	10
Persistent Hyaloid Artery	2
Synchysis Scintillans.....	7

CHOROID AND CILIARY BODY.

Staphyloma Posticum.....	223
Glaucoma, Primary, Acute	39
„ „ Chronic	114
„ Secondary	7
Cyclitis	41
Choroiditis and Choroidal Atrophy ..	146
Pseudoglioma	7
Irido-Choroiditis	10
Sympathetic Disease	2
Sarcoma of Choroid.....	8
Congenital Coloboma of Choroid.....	3

RETINA AND OPTIC NERVE.

Atrophy of Optic Disc.....	87
Retinitis Pigmentosa	6
„ Albuminurica	16
Hæmorrhages in Retina	36
Embolism of Central Artery of Retina.	8
Optic Neuritis	37
Toxic Amblyopia	223
Retro-bulbar Neuritis	17
Retinitis and Neuro-Retinitis	16
„ Hæmorrhagic	4

Choroido-Retinitis	
Glioma of Retina	
Detachment of Retina	
Opaque Nerve Fibres	
Edema of Retina.....	
Retinitis Proliferans.....	

GLOBE.

Atrophy	
Panophthalmitis	
Anophthalmos Operative	
„ Congenital	
Microphthalmos	
Buphthalmos	

REFRACTION.

Hypermetropia	378
Myopia	117
Astigmatism, Simple Hypermetropic.	40
„ „ Myopic	20
„ Compound Hyperme- tropic	204
„ Compound Myopia	22
„ Mixed	64
Presbyopia.....	28
Hypermetropia and Presbyopia.....	206
Myopia and Presbyopia	22
Asthenopia	24

EXTRA-OCULAR, MUSCULAR, AND
NERVOUS LESIONS.

Strabismus Convergens	180
„ Divergens	17
Diplopia	3
Nystagmus	3
Paralysis of III.	3
„ Accommodation	3
Mydriasis	31
Myosis	2
Ptosis	29
Herpes Frontalis	30
Paralysis of VI.	3
„ VII.	3
Blepharospasm	10
Hemianopsia	10
Amblyopia, exclusive of Strabismic and toxic cases	10
Albinism	10
Exophthalmic Goitre	10
Erythropsia	10

III.—RECORD OF OPERATIONS.

A.—GENERAL.

The Operations performed during the year 1910 were :—

On Out-Patients	747
On In-Patients	1527
	<hr/> 2274

B.—SPECIFIED LIST.

LIDS.			
Name of Operation.			
Plastic Operation for Ankyloblepharon	4	Chip removed from Cornea by Electro-Magnet	3
Excision of Dermoid Cyst	9	Application of Pure Carbolic Acid to Corneal Ulcer	28
Entropion and Trichiasis—			
Transplantation (Arlt's)	9		
Removal of Piece of Skin	9		
Trichiasis : Eyelashes Excised	1		
Ectropion	9		
Transplantation from Forearm for Ectropion	1		
Removal of Tumour	245		
Removal of Sebaceous Cyst	5		
Ptosis, Operations for	8		
Stitching Cut Lid	12		
Division of Outer Canthus	15		
Excision of Warts	3		
Opening Abscess in Lid	98		
Nævus Electrolysed	3		
Molluscum Excised	1		
Rodent Ulcer Excised	6		
Foreign Body in Eyebrow Extracted ..	1		
ORBIT.		SCLERA.	
Removal of Orbital Contents for Tumour		Sclerotomy	7
Growth	3	Trephining	11
Removal of Orbital Contents and Lids for Sarcoma	1		
Enlargement of Socket with Transplantation	4		
Cellulitis—Incision	2		
Thiersch Grafting	3		
LACHRYMAL PASSAGES.		IRIS.	
Weber's Operation	221	Iridectomy—	
Opening Lachrymal Abscess	39	For Synechia Posterior, Closed Pupil, and Recurrent Iritis	36
Excision of Lachrymal Sac	14	For Opacity of Cornea and Synechia Anterior	31
Sac Syringed Out	34	For Keratitis	6
		For Glaucoma	93
		For Zonular Cataract	4
		Preliminary to Extraction of Cataract	36
		Snipping Prolapsed Iris	54
		Iridectomy in Aphakia, Tyrrell's Hook Used	6
		Iridectomy in Traumatic Cataract	8
		Chip of Metal Removed from Iris by Electro-Magnet	1
		Iridectomy (Dufour)	12
CONJUNCTIVAL SAC.		LENS.	
Conjunctiva Sutured over Scleral Wound	7	Chip in Lens : Electro-Magnet Applied	7
Operation for Symblepharon	12	Removal of Tough Capsule with Forceps	9
Removal of Small Cyst	3	Removal of Dislocated Lens	1
Excision of Granulations	7	Discission—	
Pterygium Removed	2	After Cataract Extraction	90
Knapp's Forceps used for Trachoma ..	8	In High Myopia	6
Peritomy	2	For Congenital and Zonular Cataract and Capsular Remains in Young Persons	160
Dermoid Cyst Excised	1	For Traumatic Cataract	18
		Discission by Lüer's Knife in Cases of Aphakia with Closed Pupil	3
		Discission by Lüer's Knife in Leucoma and Anterior Synechia	1
		Extraction of "Soft Cataract" by Curette or Suction	42
		Extraction of "Hard Cataract," Von Graefe's Modified Linear	317
		Removal of Lens not Included under "Hard Cataract"	1
		Maturation of Cataract (Förster)	25
		Lens Removed in Glaucoma	1
MUSCLES.		RETINA.	
Tenotomy of External Rectus	19	Paracentesis through Sclerotic for Separation of Retina	4
" Internal Rectus	111		
Advancement of Internal Rectus	14		
" External Rectus	15		
CORNEA.		GLOBE.	
Old Staphylococci Snipped	1	Magnet Applied for Chip in Vitreous	18
Tattooing	11	Evisceration	36
Section of Cornea for Hypopyon	10	Enucleation	138
Application of Caustic to Corneal Ulcer	43	Evisceration (Mules)	7
Application of Caustic to Conical Cornea	2	Sub-Conjunctival Injections	6
Removal of Chip of Metal from Anterior Chamber by Electro-Magnet	2		
Paracentesis	18		

IV.—DETAILS OF CATARACT EXTRACTIONS.

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
1 95	61	F	Fair	Diabetic.	Jan. 26	Left, iridectomy.	Jan. 29. Eye quiet. Good A.C. Pupil wide. Feb. 2. Eye quiet.			$\frac{1}{12}$ J 1
2 96	56	M	Good	Senile	Jan. 12	Left, iridectomy. Clear black pupil. Bead of vitreous appeared, but retracted again.	Jan. 15. Moderate injection. Good A.C. Pupil wide. Jan. 17. Iritis. Jan. 31. Eye almost quiet. Iris good colour. Feb. 7. Eye quiet.			$\frac{1}{12}$ J 1
3 216	56	F	Good	Senile	Mar. 2	Right. Patient very un- steady and squeezed out some vitreous.	Mar. 6. Moderate injection. Good A.C. Pupil medium. Mar. 15. No change. Mar. 26. Eye watery. Con- junctivitis. Film of cap- sule.		Feb. 9. Preliminary iridectomy.	$\frac{1}{12}$ J 1
4 217	60	M	Good	Senile	Feb. 2	Left, iridectomy. Clear black pupil left.	Feb. 5. Slight injection. Fair A.C. Pupil wide. Feb. 7. Good A.C. Feb. 8. Rubbed eye. A.C. shallow. Feb. 14. Good A.C. Slight corneal haze. Feb. 22. Knocked eye and evacuated A.C. Feb. 24. Good A.C. Inner ring.			$\frac{1}{12}$ J 1
5 218	68	M	Good	Senile	Feb. 2	Left, iridectomy.	Feb. 5. Slight injection. Good A.C. Pupil wide.		Mar. 9. Discussion.	$\frac{1}{12}$ J 1

5 219	68	M	Good	Senile	Feb. 2	Left, iridectomy.	Feb. 5. Slight injection. Good A.C. Pupil wide. Cortex. Feb. 8. Iritis. Feb. 15. Eye quiet.	Mar. 9. Discussion.	$\frac{1}{2}$ J 1
6 311	57	M	Good	Senile	Jan. 12	Right, iridectomy. Un- steady patient. Clear black pupil left.	Jan. 15. Eye quiet. Pupil wide. Good A.C. Cap- sule. Jan. 17. Eye quiet.		$\frac{1}{2}$ J 1
7 317	69	M	Good	Senile	Feb. 16	Left, iridectomy. Steady patient.	Feb. 19. Slight injection. Good A.C. Pupil wide. Much capsule and cortex. Feb. 22. Iritis. Feb. 28. Eye quietening. Mar. 11. Eye quiet. Pupil full of capsule.		$\frac{1}{2}$ J 1
8 337	52	F	Good	Senile	Feb. 16	Right, iridectomy. Steady patient. Clear black pupil.	Feb. 19. Eye quiet. Shallow A.C. Pupil medium. Feb. 21. Good A.C. Feb. 28. Eye quiet.		$\frac{1}{2}$ J 1
9 502	49	M	Good	Senile	Mar. 17	Right, iridectomy.	Mar. 21. No A.C. Mar. 22. Fair A.C. Corneal haze. Mar. 26. Iritis. Mar. 30. Eye almost quiet.		$\frac{1}{2}$ J 1
10 654	68	F	Good	Senile	April 20	Left, iridectomy. Un- steady patient.	April 24. Atropin ezema. Slight injection. Good A.C. Pupil medium. April 25. Iritis. May. 5. Slight injection. Iris dull. Pupil medium.	Sept. 14. Discussion.	$\frac{1}{2}$ J 1
11 763	60	M	Good	Senile	May 4	Left, iridectomy.	May. 7. Eye quiet. Good A.C. Pupil wide. Capsule. May. 10. Iritis. May. 18. Ciliary injection. Iris dull. May. 27. Eye quiet.	June 22. Discussion. Sept. 14. Discussion.	$\frac{1}{2}$ J 1

No. and Reference in Patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
12 915	71	M	Good	Senile	June 8	Right, iridectomy. Cor- neal section. Patient unsteady, and squeezed out vitreous. Lens was spooned out.	June 12. Slight injection. Cornea clear. Good A.C. Pupil wide. June 16. Eye quiet. Cornea brilliant. June 22. Conjunctivitis.			$\frac{1}{12}$ J 1
13 1028	70	F	Fair	Senile	July 20	Left, iridectomy. Very large, hard nucleus. Section wound was enlarged with scissors.	July 23. Slight injection. Pupil medium. Shallow A.C. July 26. Iritis. Aug. 2. Much injection. Aug. 18. Eye quiet.			$\frac{1}{18}$ J 1
14 1492	55	F	Good	Senile	Oct. 6	Left.	Oct. 8. Eye quiet. Good A.C. Pupil medium. Oct. 10. Vertical striate corneal haze. Oct. 18. Eye quiet. Cornea almost clear.		Sept. 21. Preliminary iridectomy.	$\frac{1}{8}$ J 1
15 1573	82	M	Good	Senile	Oct. 5	Left.	Oct. 7. Eye quiet. Pupil wide. Good A.C. Oct. 11. Capsule in pupil. Oct. 15. Eye very injected. Cornea clear. Pupil wide. Iris good colour. Oct. 22. Eye almost quiet. Nov. 1. Eye quiet.	Jan. 16, 1910. Dissection Good clear pupil.	Sept. 14. Preliminary iridectomy.	$\frac{1}{24}$ J 10
16 98	68	M	Good	Senile	Jan. 8	Left, iridectomy. Large soft lens.	Jan. 11. Some injection. Good A.C. Pupil wide. <i>Some discharge.</i>		Same patient as No. 282.	$\frac{1}{8}$ J 1
17 282	68	M	Good	Senile	Feb. 7	Right, iridectomy.	Feb. 9. Moderate injection. Pupil medium. Good A.C. Some secretion.	Feb. 23, 1911. Iridectomy.	Same patient as No. 98. A further dissection	$\frac{1}{12}$ J 6

17 282	68	M	Good	Senile	Feb. 7	Right, iridectomy.	Iris dull.	Feb. 9. Moderate injection. Pupil medium. Good A.C. Some capsule. Feb. 11. Synech. post. to capsule below. Feb. 19. Eye injected. Feb. 25. Injection moderate. Iris good colour.	Feb. 23, 1911. Iridectomy below. Tyrell's hook used.	Same patient as No. 98. Awaits dissection of capsule.	15 J 6
18 128	65	F	Good	Senile	Jan. 10	Right, iridectomy.		Jan. 13. Injection slight. Pupil medium. A.C. very shallow. Jan. 16. Fair A.C. Jan. 19. Iritis and intense injection. Jan. 28. Eye quietening. Jan. 30. Eye quiet.			15 J 1
19 135	45	F	Good	Diabetic	Jan. 13	Left, iridectomy.		Jan. 17. Injection slight. Pupil wide. Good A.C. Jan. 18. Iritis. Jan. 20. Cornea clearer. Iris better colour. Jan. 25. Eye almost quiet. Some capsule in pupil.		Cannot attend for re-examination owing to illness.	15 J 10
20 136	56	M	Fair	Diabetic	Jan. 11	Left, iridectomy.		Jan. 13. Some injection. Good A.C. Pupil medium. Iris poor colour. Jan. 14. Home at own request.			15 J 1
21 161	66	F	Good	Senile	Jan. 15	Right, iridectomy. Shallow A.C. Section rather far back. Small portion of iris cut by knife. Great collapse of cornea.		Jan. 18. Some injection. Good A.C. Pupil wide. Blood-stained capsule in pupil. Jan. 24. Eye quiet. Capsule.	Feb. 20, 1911. Discussion.		15 J 1

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
22 164	58	M	Good	Diabetic	Jan. 17	Right, iridectomy. Lens displaced down and vitreous showed above. Lens spooned out. No vitreous lost.	Jan. 19. Slight injection. Good A.C. Pupil medium. Jan. 22. Slight iritis. Jan. 26. A little vitreous in lips of wound. Feb. 1. Outer iris pillar in wound. Pupil wide. Iris fair colour. Injection moderate. Feb. 4. Eye quietening.			$\frac{3}{4}$ J 1
23 165	52	M	Good	Senile	Jan. 17	Left, iridectomy. Capsule was too tough to rupture, and lens in capsule came away on hook, and left a clear black pupil.	Jan. 20. Slight injection. Good A.C. Some corneal haze. Iris a little discoloured. Jan. 25. Eye quiet. Outer iris pillar in wound. A little capsule.			$\frac{3}{4}$ J 1
24 166	53	M	Good	Senile	Jan. 17	Left, iridectomy. Clear black pupil. Steady patient.	Jan. 20. Knocked eye last night. Pupil medium. Some cortex. Aqueous is tinged with blood. Jan. 22. Aqueous clear. Jan. 25. Much capsule and cortex. Jan. 26. Inner iris pillar is in section wound. Jan. 28. Eye quiet. Capsule.			$\frac{3}{4}$ J 1
25 197	64	M	Good	Senile	Jan. 24	Left, iridectomy. Steady patient.	Jan. 26. Injection slight. Good A.C. Pupil medium. Jan. 27. Slight hyphaema. Jan. 29. A.C. clear. Jan. 30. Rubbed eye yesterday. Some hyphaema.			$\frac{1}{2}$ J 1
26 231	56	F	Good	Senile	Jan. 31	Right, iridectomy.	Feb. 3. Eye quiet. Good A.C. Pupil wide. Blood-stained capsule in pupil. Feb. 10. Eye quiet.		Same patient as No. 641.	$\frac{3}{4}$ J 1

26 231	56	F	Good	Senile	Jan. 31	Right, iridectomy.		Feb. 3. Eye quiet. Good A.C. Pupil wide. Blood-stained capsule in pupil. Feb. 10. Eye quiet.		Same patient as No. 641.	J J 1
27 641	56	F	Good	Senile	April 20	Left, iridectomy. Very steady patient. Clear black pupil.		April 22. Injection slight. Good A.C. Pupil medium. April 23. Film of capsule in pupil.		Same patient as No. 231.	J J 1
28 251	59	F	Good	Diabetic	Feb. 2	Right, iridectomy. Hard brown lens.		Feb. 6. Eye quiet. Good A.C. Pupil wide. Pillars well retracted. Feb. 8. Eye quiet.			J J 1
29 261	51	M	Fair	Senile	Feb. 7	Right.		Feb. 9. Slight injection. Good A.C. Pupil medium. Some clot in coloboma. Feb. 12. Some clot still present. Feb. 17. Eye quiet. Capsule.		August, 1909. Preliminary iridectomy. Did not attend for re-examination.	J J 1
30 388	78	F	Fair	Senile	Mar. 14	Left, iridectomy. Fairly steady patient. Clear black pupil.		Mar. 17. Slight injection. Good A.C. Pupil wide. Capsule. Some clot in A.C. Mar. 20. A.C. clear. Film of capsule. Mar. 24. Eye quiet.		Vision of this eye was never good. Projection bad, especially above.	J 12

No. and Reference In-patient Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
31 397	58	F	Good	Diabetic	Feb. 26	Left, iridectomy. Clear black pupil.	Mar. 2. Lids puffy. Some injection. Good A.C. Pupil medium. Hyphaema $\frac{1}{2}$. Mar. 3. Knocked eye. More hyphaema. Mar. 10. Iritis. Pupil small. Cornea hazy. Mar. 17. Cornea almost clear. Pupil small. Mar. 22. Hyphaema still $\frac{1}{2}$.		Pupil clear. Nephritic retinitis.	24 J 12
32 433	72	F	Good	Senile	Mar. 3	Left, iridectomy. Clear black pupil.	Mar. 6. Injection slight. Good A.C. Pupil wide. Capsule. Mar. 9. One synech. post. to capsule below and out. Mar. 16. Eye quiet.	June 27, 1910. Discussion.	Atrophy of optic nerve. Same patient as No. 1663.	J 20
33 1663	72	F	Good	Senile	Oct. 24	Right, iridectomy. Very steady patient. Hard lens. Clear pupil.	Oct. 26. Pupil wide. A.C. shallow. Oct. 28. A.C. shallow. One synech. post. below to capsule. Oct. 29. Good A.C. Oct. 31. Some clot in A.C. below. Nov. 3. Eye quiet. Nov. 8. Iris discoloured. Nov. 15. Eye looks well. Trace hyphaema.		Same patient as No. 433. Atrophy of optic nerve.	Fingers.
34 446	60	M	Good	Senile	Mar. 5	Left, iridectomy. Lens turned completely over, lower edge black, middle clear.	Mar. 9. Slight injection. Good A.C. Pupil wide. Capsule. One synech. post. below to capsule.	Feb. 20, 1911. Discussion.		J 1
35 450	55	M	Good	Senile	Mar. 7	Left, iridectomy. Con-junctival flap. Steady patient.	Mar. 9. Slight injection. Shallow A.C. Pupil medium. Some cortex. Mar. 15. A.C. still shallow.	April 18, 1910. Iridectomy below	Feb., 1911. Central corneal haze. Shallow A.C. T.N. Drill red reflex No	P.L.

No.	Sex	Age	Condition	Date	Remarks	P.L.
450			Left, iridectomy. Conjunctival flap. Steady patient.	Mar. 7	Senile	Good
36	F	67	Good	Mar. 16	Senile	Good
597			Left, iridectomy. Patient was so restless during the section that chloroform was administered.	Mar. 16	Senile	Good
37	M	56	Good	Mar. 20	Senile	Good
565			Left, iridectomy. Patient not steady. Overmature lens.	Mar. 20	Senile	Good
38	M	56	Good	April 13	Senile	Good
565			Right, iridectomy. Patient unsteady. Rather large escape of vitreous after extraction. Outer iris pillar badly cut.	April 13	Senile	Good
39	M	65	Good	April 16	Senile	Good
672			Right. Large section. Patient very steady. Small lens came away easily.	April 16	Senile	Good
40	M	64	Good	April 18	Senile	Good
680			Left, iridectomy. Patient very unsteady, and operation was completed under A.C.E.	April 18	Senile	Good
39	M	65	Good	April 16	Senile	Good
672			Right. Large section. Patient very steady. Small lens came away easily.	April 16	Senile	Good
40	M	64	Good	April 18	Senile	Good
680			Left, iridectomy. Patient very unsteady, and operation was completed under A.C.E.	April 18	Senile	Good
36	F	67	Good	Mar. 16	Senile	Good
597			Left, iridectomy. Patient was so restless during the section that chloroform was administered.	Mar. 16	Senile	Good
37	M	56	Good	Mar. 20	Senile	Good
565			Left, iridectomy. Patient not steady. Overmature lens.	Mar. 20	Senile	Good
38	M	56	Good	April 13	Senile	Good
565			Right, iridectomy. Patient unsteady. Rather large escape of vitreous after extraction. Outer iris pillar badly cut.	April 13	Senile	Good
39	M	65	Good	April 16	Senile	Good
672			Right. Large section. Patient very steady. Small lens came away easily.	April 16	Senile	Good
40	M	64	Good	April 18	Senile	Good
680			Left, iridectomy. Patient very unsteady, and operation was completed under A.C.E.	April 18	Senile	Good

No. and Reference In-patient's Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks	Vision.
41 683	64	F	Fair	Senile	April 20	Right, iridectomy. Steady patient.	April 22. Slight injection. Shallow A.C. Pupil medium. April 27. Eye quiet. Film of capsule. Good A.C.			$\frac{1}{16}$ J 1
42 711	43	F	Good	Senile	April 24	Right, iridectomy. Simple extraction was attempted, but lens would not express, so iridectomy was performed. Very steady patient.	April 27. Slight injection. Good A.C. Pupil wide. Some corneal haze. (?) Hg Cl ₂ . April 29. Iritis. April 30. Knocked eye. Hyphema. May 1. A.C. deep. May 5. Cornea clear. Clot behind A.C. May 16. Eye quiet.			$\frac{1}{16}$ J 1
43 747	69	F	Good	Senile	May 2	Left, iridectomy. Steady patient. Clear black pupil.	May 4. Slight injection. Good A.C. Pupil medium. May 12. Eye quiet.			$\frac{1}{16}$ J 1
44 755	76	F	Good	Senile	May 2	Left, iridectomy. Very steady patient. Clear black pupil. Pillars well retracted.	May 5. Slight injection. Good A.C. Pupil medium. May 13. Eye quiet.			$\frac{1}{16}$ J 1
45 756	64	F	Good	Senile	May 2	Right, iridectomy. Dense hard lens. Patient very unsteady.	May 5. Chemosis of conjunctiva. Haze of cornea above. Pupil medium. Good A.C. May 9. Iritis. May 10. Injection slight.		Did not attend for re-examination.	
46 757	56	M	Fair	Diabetic	May 2	Right, iridectomy. Patient very steady.	May 5. Eye quiet. Good A.C. Pupil wide.			$\frac{1}{16}$ J 1

46 757	56	M	Fair	Diabetic	May 2	Right, iridectomy. Patient very steady. Large lens. Clear pupil.	May 5. Eye quiet. Good A.C. Pupil wide. May 9. Iritis. May 10. Synech. post. below to capsule. May 13. Eye almost quiet. May 14. Slight injection. Good A.C. Pupil medium. May 21. Injection slight. Pupil wide. May 17. Slight injection. Streaky corneal haze above. Pupil wide. Good A.C. May 21. Slight corneal haze. May 28. Eye quiet. Good deal of capsule.	May 16. Injection slight.	3 J 1
47 808	34	F	Good	Senile	May 12	Right, iridectomy. Steady patient. Clear black pupil.	May 17. Slight injection. Streaky corneal haze above. Pupil wide. Good A.C. May 21. Slight corneal haze. May 28. Eye quiet. Good deal of capsule.	May 16. Injection slight.	3 J 1
48 821	34	F	Fair	Senile	May 14	Right, iridectomy.	May 17. Slight injection. Streaky corneal haze above. Pupil wide. Good A.C. May 21. Slight corneal haze. May 28. Eye quiet. Good deal of capsule.	May 16. Injection slight.	3 J 1
49 845	65	M	Fair	Senile	May 23	Left, iridectomy. Steady patient. Clear black pupil.	May 26. Eye quiet. Shallow A.C. Pupil black. May 30. Knocked eye this morning. Hyphaema. June 3. More hyphaema. Knocked eye again. Cornea clear. June 9. Fluid blood in A.C. Eye quiet. Wound healed. Good A.C. June 21. A.C. clear. Eye quiet.	May 16. Injection slight.	3 J 1
50 886	60	F	Good	Senile	May 28	Right, iridectomy. Patient very unsteady. Clear black pupil.	May 31. Slight injection. Good A.C. Pupil wide. Capsule. June 2. Iritis. June 4. Marked iritis. June 7. Eye quietening. Film of capsule.	May 16. Injection slight.	3 J 1

Did not attend for
re-examination.

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
61 1127	65	F	Good	Senile	July 11	Right, iridectomy. Very steady patient. Soft lens. Cortex massaged away. Clear pupil left.	July 15. Slight injection. Good A.C. Pupil wide. Capsule. July 20. Eye quiet.		Projection not good before operation. Extensive choroidal atrophy in left eye. Did not attend for re-examination.	Fingers.
62 1167	40	M	Good	Senile	July 18	Right. Steady patient.	July 21. Slight injection. Good A.C. Pupil medium and black. July 26. Eye almost quiet. July 29. Eye quiet.		April 20, 1910. Preliminary iridectomy and massage. Feb., 1911. Fine film of capsule.	$\frac{1}{8}$ J 1
63 1169	56	M	Good	Senile	July 18	Right, iridectomy. No accident.	July 21. Moderate injection. Good A.C. Pupil wide. Film of capsule. July 26. Eye almost quiet.	Feb. 27, 1911. Discussion.		$\frac{1}{8}$ J 1
64 1194	66	F	Fair	Senile	July 25	Left, iridectomy. Conjunctival flap. Very steady patient.	July 28. Slight injection. Good A.C. Pupil wide. Capsule. Aug. 1. Trace hyphema. Aug. 3. A.C. clear. Moderate injection. Pupil wide. Trace of clot in A.C. below. Aug. 8. Eye quiet. Pupil clear in centre. Fundus normal.			$\frac{1}{8}$ J 1
65 1164 1200	66	F	Fair	Senile	Aug. 12	Right, iridectomy. Conjunctival flap. Very steady patient.	Aug. 15. Eye quiet. Good A.C. Pupil wide and injection slight. July 28. Injection slight. Good A.C. Pupil wide. Capsule.			$\frac{1}{8}$ J 1

1194 1200					Aug. 28. Pupil wide and only 28. Injection supt. Good A.C. Pupil wide. Capsule. Aug. 1. Iritis. Aug. 3. Pupil wide. Aug. 9. Peri-corneal injection. Iris discoloured. Aug. 13. Eye almost quiet.	Aug. 28. Pupil wide and only 28. Injection supt. Good A.C. Pupil wide. Capsule. Aug. 1. Iritis. Aug. 3. Pupil wide. Aug. 9. Peri-corneal injection. Iris discoloured. Aug. 13. Eye almost quiet.	Aug. 28. Pupil wide and only 28. Injection supt. Good A.C. Pupil wide. Capsule. Aug. 1. Iritis. Aug. 3. Pupil wide. Aug. 9. Peri-corneal injection. Iris discoloured. Aug. 13. Eye almost quiet.	Aug. 28. Pupil wide and only 28. Injection supt. Good A.C. Pupil wide. Capsule. Aug. 1. Iritis. Aug. 3. Pupil wide. Aug. 9. Peri-corneal injection. Iris discoloured. Aug. 13. Eye almost quiet.	Aug. 28. Pupil wide and only 28. Injection supt. Good A.C. Pupil wide. Capsule. Aug. 1. Iritis. Aug. 3. Pupil wide. Aug. 9. Peri-corneal injection. Iris discoloured. Aug. 13. Eye almost quiet.	Aug. 28. Pupil wide and only 28. Injection supt. Good A.C. Pupil wide. Capsule. Aug. 1. Iritis. Aug. 3. Pupil wide. Aug. 9. Peri-corneal injection. Iris discoloured. Aug. 13. Eye almost quiet.
67 1251	66	M	Good	Senile	Aug. 8	Right, iridectomy.	Aug. 11. Slight injection. Good A.C. Pupil wide. Capsule. Aug. 16. Wound healed. Aug. 22. Eye quietening. Iris fair colour. Hole in centre of capsule. Aug. 30. Eye almost quiet.	Aug. 11. Slight injection. Good A.C. Pupil wide. Capsule. Aug. 16. Wound healed. Aug. 22. Eye quietening. Iris fair colour. Hole in centre of capsule. Aug. 30. Eye almost quiet.	Aug. 11. Slight injection. Good A.C. Pupil wide. Capsule. Aug. 16. Wound healed. Aug. 22. Eye quietening. Iris fair colour. Hole in centre of capsule. Aug. 30. Eye almost quiet.	Aug. 11. Slight injection. Good A.C. Pupil wide. Capsule. Aug. 16. Wound healed. Aug. 22. Eye quietening. Iris fair colour. Hole in centre of capsule. Aug. 30. Eye almost quiet.
68 1265	60	F	Good	Senile	Aug. 5	Left, iridectomy. Steady patient.	Aug. 8. Slight injection. Good A.C. Pupil wide. Streaky vertical corneal haze. Aug. 10. Slight iritis. Aug. 15. Eye quiet. Aug. 22. Slight haze of cornea.	Aug. 8. Slight injection. Good A.C. Pupil wide. Streaky vertical corneal haze. Aug. 10. Slight iritis. Aug. 15. Eye quiet. Aug. 22. Slight haze of cornea.	Aug. 8. Slight injection. Good A.C. Pupil wide. Streaky vertical corneal haze. Aug. 10. Slight iritis. Aug. 15. Eye quiet. Aug. 22. Slight haze of cornea.	Aug. 8. Slight injection. Good A.C. Pupil wide. Streaky vertical corneal haze. Aug. 10. Slight iritis. Aug. 15. Eye quiet. Aug. 22. Slight haze of cornea.
69 1399	54	M	Good	Senile	Sept. 3	Left, iridectomy. Very steady patient. Hard dark lens. Clear pupil left.	Sept. 6. Chemosis of conjunctiva. Good A.C. Pupil wide and black. Sept. 7. Hyphema. No history of injury. Sept. 9. A little clot in A.C. below. Some capsule. Sept. 11. Cornea clear. A.C. deep. Sept. 17. Eye quiet.	Sept. 6. Chemosis of conjunctiva. Good A.C. Pupil wide and black. Sept. 7. Hyphema. No history of injury. Sept. 9. A little clot in A.C. below. Some capsule. Sept. 11. Cornea clear. A.C. deep. Sept. 17. Eye quiet.	Sept. 6. Chemosis of conjunctiva. Good A.C. Pupil wide and black. Sept. 7. Hyphema. No history of injury. Sept. 9. A little clot in A.C. below. Some capsule. Sept. 11. Cornea clear. A.C. deep. Sept. 17. Eye quiet.	Sept. 6. Chemosis of conjunctiva. Good A.C. Pupil wide and black. Sept. 7. Hyphema. No history of injury. Sept. 9. A little clot in A.C. below. Some capsule. Sept. 11. Cornea clear. A.C. deep. Sept. 17. Eye quiet.

No and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision
70 1411	53	F	Good	Senile	Sept. 7	Right, iridectomy. Patient not very steady. Good deal of hæmorrhage from iris.	Sept. 11. Slight injection. Pupil wide. Good A.C. Film of capsule. Sept. 13. Iritis. Sept. 19. Eye still injected. Pupil wide. Sept. 22. Eye almost quiet.			$\frac{5}{12}$ J 1
71 1415	58	M	Good	Senile	Sept. 10	Right, iridectomy. Very steady patient. Hard dark lens.	Sept. 13. Slight injection. Good A.C. Pupil wide. Film of capsule. Sept. 16. A.C. shallow. Sept. 17. Good A.C. Sept. 22. Eye quiet.			$\frac{5}{12}$ J 1
72 1429	66	M	Good	Senile	Sept. 17	Left, iridectomy. Very steady patient. Large lens. Some cortex massaged away.	Sept. 20. Slight injection. Good A.C. Pupil wide. A little capsule near outer iris pillar. Sept. 30. Eye quiet.		Feb., 1911. Media clear. Fundus normal.	$\frac{5}{15}$ J 1
73 1563	67	F	Good	Senile	Oct. 8	Left. No iridectomy. Pupil central and black.	Oct. 11. Slight injection. Good A.C. Pupil oval, with axis horizontal. Some cortex in pupil. Oct. 14. Wound healed. Pupil a little wider.			$\frac{5}{12}$ J 1
74 1611	54	F	Good	Senile	Oct. 12	Left, iridectomy. Patient unsteady. Some soft	Oct. 16. Moderate injection. Pupil medium. Good			$\frac{5}{12}$ J 1
					Oct. 3,					1910.

Left, iridectomy. Patient unsteady. Some soft cortex was massaged away, and pupil left clear.

Pupil a little wider.

Oct. 16. Moderate injection. Pupil medium. Good A.C. Some cortex.
Oct. 19. A.C. shallow.
Oct. 24. Good A.C. Outer pillar of iris in wound.

Dec. 3, 1910. Small section made with broad needle below prolapsed iris pillar and a little iris removed. Mar. 20, 1911. Discussion.

Left, iridectomy. Steady patient.

Oct. 26. Shallow A.C. Pupil medium. Much cortex. Wound prominent.
Oct. 27. A.C. a little deeper.
Nov. 1. Fair A.C. Inner pillar of iris in wound.
Nov. 3. Good A.C. Wound very prominent.
Nov. 8. Eye quiet.

Dec. 5, 1910. Wound re-opened with broad needle and a very small portion of iris removed. Iris retracted. Mar. 6, 1911. Discussion. Good opening made.

Mar. 15, 1911. Still some capsule obscuring vision.

No. and Reference in patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
76 1660	57	F	Fair	Senile	Oct. 24	Left, iridectomy. Patient fairly steady.	Oct. 24. Slight injection. Corneal haze. Pupil wide. One synech. post. below. Good A.C. Capsule. Oct. 26. Patient very restless. Oct. 28. Eye looks well. Oct. 31. Iritis. Nov. 3. Pupil wide. Cornea clear. Ciliary injection. Nov. 12. Intense injection. Mass of lymph behind iris below. Nov. 24. Eye quietening. Dec. 2. Slight injection. Eye looks well.	April 3, 1911. Discussion. April 4. Intense injection. Corneal haze. Iritis. April 10. Injection slight. Cornea and iris almost clear. April 18. Eye quiet.		$\frac{5}{16}$ J 16
77 1770	43	F	Good	Senile	Nov. 14	Left, iridectomy. Steady patient.	Nov. 17. Some injection. Good A.C. Pupil medium. Capsule. Nov. 21. Eye quiet.		Awaits discussion of capsule.	$\frac{5}{16}$ J 4
78 1775	65	F	Good	Senile	Nov. 14	Left, iridectomy. Patient very unsteady.	Nov. 17. Slight injection. Good A.C. Pupil wide. Capsule in coloboma. Nov. 21. Slight iritis. Nov. 25. Corneal haze. Iris poor colour. Pupil wide.	Jan. 25, 1911. Discussion. Pupil clear.		$\frac{5}{16}$ J 1
79 1895	62	M	Good	Senile	Nov. 21	Right, iridectomy. Section corneal Same diff.	Nov. 24. Eye quiet. Good A.C. Pupil wide. Same.			$\frac{5}{16}$ J 1

79 1895	62	M	Good	Senile	Nov. 21	Right, iridectomy. Section corneal. Some difficulty in expression.	Nov. 24. Eye quiet. Good A.C. Pupil wide. Some capsule. Synch. post. to capsule below. Nov. 27. No A.C. Nov. 29. Good A.C. Dec. 1. Eye quiet.	$\frac{1}{2}$ J 1
80 1831	53	M	Good	Senile	Nov. 28	Right. Steady patient. Clear pupil.	Nov. 30. Slight injection. Good A.C. Pupil wide. Film of capsule. Dec. 6. Eye quiet.	$\frac{1}{2}$ J 1 Sept., 1910. Preliminary iridectomy.
81 1862	67	M	Good	Senile	Dec. 5	Left, iridectomy. Steady patient. A.C. very shallow. Counter puncture in cornea. Soft cortex expressed, some remaining in pupil.	Dec. 7. Entropion. Some injection. Good A.C. Pupil wide. Capsule. Dec. 12. Conjunctivitis. Eye looks well. Dec. 20. Eye quiet. Film of capsule.	J 16 Did not attend for re-examination.
82 1899	52	M	Good	Senile	Dec. 12	Left, iridectomy. Very steady patient.	Dec. 15. Eye quiet. Pupil wide. Good A.C. Dec. 16. Film of capsule. Dec. 20. Slight injection.	$\frac{1}{2}$ J 1
83 354	65	M	Good	Senile	Feb. 19	Left, iridectomy. Very steady patient. Con-junctival flap. Some corneal collapse.	Feb. 22. Slight injection. Pupil wide. Good A.C. Capsule. Feb. 28. Eye quiet.	$\frac{1}{2}$ J 10 Awaits further dis-cision of capsule.
84 822	73	M	Good	Senile	May 30	Left, iridectomy. Very steady patient. Cap-sule not ruptured by curette. Lens partially dislocated, but no acci-dent.	June 3. Slight injection. Pupil wide. Good A.C. June 7. Some capsule in pupil.	$\frac{1}{2}$ J 1

No and Reference In-patient Report Book	Age	Sex	General State of Health	Nature of Cataract	Date of Operation	Incidents during Operation	Incidents during Healing	Secondary Operations	Remarks	Vision
85 1476	50	M	Good	Senile	Sept. 19	Left, iridectomy. Very steady patient. Pupil nearly clear.	Sept. 23. Slight injection. Pupil wide. Good A.C. Blood-stained capsule above. Sept. 24. Iritis. Sept. 27. Some injection. Iris good colour.			$\frac{3}{8}$ J 1
86 1478	61	M	Good	Senile	Sept. 19	Left, iridectomy. Patient steady. A large amount of soft cortex expressed after lens and pupil left clear.	Sept. 23. Slight injection. Pupil wide. Good A.C. Capsule in pupil. Oct. 5. Eye quiet.		Did not attend for re-examination.	$\frac{1}{2}$ J 1
87 1516	71	F	Fair	Senile	Sept. 25	Left, iridectomy.	Oct. 1. Moderate injection. Good A.C. Pupil wide. Oct. 11. Film of capsule. Slight iritis. Oct. 14. Eye almost quiet.			
88 1566	71	F	Fair	Senile	Oct. 3	Right, iridectomy. Fairly steady patient. Small, hard, brown lens.	Oct. 7. Eye quiet. Good A.C. Pupil wide. Oct. 11. Eye injected. Capsule in pupil. Oct. 14. Eye very injected, but looks well. Oct. 18. Injection less. Oct. 21. Eye quiet. Much			$\frac{1}{2}$ J 1
1635						steady patient. Pupil clear. Jelly-like lens.	Pupil wide. Good A.C. Much filmy capsule.			$\frac{1}{2}$ J 1

1835	64	F	Good	Senile	Nov. 25	steady patient. Pupil clear. Jelly-like lens.	<p>Oct. 21. Eye quiet. Much Pupil wide. Good A.C. Much filmy capsule.</p> <p>Oct. 25. Eye quiet.</p> <p>Nov. 30. Moderate injection. Pupil medium. Good A.C. Capsule. Trace hyphema.</p> <p>Dec. 1. No hyphema.</p> <p>Dec. 6. A.C. shallow.</p> <p>Dec. 7. Wound leaks.</p> <p>Dec. 9. Good A.C.</p> <p>Dec. 12. Wound healed.</p> <p>Dec. 16. Eye quiet. Film of capsule.</p>	$\frac{1}{15}$ J 1
90 1835								
	91 1715	M	Fair	Senile	Nov. 7	Left, iridectomy. Steady patient.	<p>Nov. 11. Slight injection. Good A.C. Pupil wide. Film of capsule.</p> <p>Nov. 16. Epiphora. Eye looks well.</p> <p>Nov. 22. Eye almost quiet.</p>	$\frac{1}{15}$ J 1
92 1769	55	M	Good	Senile	Nov. 14	Right, iridectomy.	<p>Nov. 16. Slight injection. Shallow A.C. Pupil wide. A little capsule.</p> <p>Nov. 22. Wound healed. Good A.C.</p> <p>Nov. 25. Eye quiet.</p>	$\frac{1}{12}$ J 1
93 86	66	F	Good	Senile	Jan. 7	Left, iridectomy. Lens expressed in capsule.	<p>April, 1910. Discussion.</p> <p>Sept., 1910. Discussion.</p>	$\frac{1}{12}$ J 1
94 87	65	F	Good	Senile	Jan. 7	Right, iridectomy.	<p>Jan. 10. Eye quiet. Shallow A.C. Pupil medium. Cortex in pupil.</p> <p>Jan. 15. Good A.C.</p> <p>Jan. 19. Wound not yet healed</p> <p>Jan. 26. Wound prominent. Eye quiet. Entropion. Capsule in pupil.</p>	$\frac{1}{12}$ J 1

No. and Reference Report book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
95 140	53	F	Good	Senile	Jan. 11	Left, iridectomy.	Jan. 14. Eye quiet. Good A.C. Pupil wide. Jan. 22. Eye quiet. Film of capsule.			$\frac{1}{2}$ J 1
96 173	69	F	Good	Senile	Jan. 21	Right, iridectomy. Steady patient.	Jan. 24. Eye quiet. Good A.C. Pupil wide. Pillars of iris retracted. Jan. 29. Eye quite quiet.			$\frac{1}{2}$ J 1
97 191	62	M	Good	Senile	Jan. 21	Right, iridectomy. Steady patient.	Jan. 24. Eye quiet. Pupil wide. Good A.C. Jan. 29. Eye quite quiet.			$\frac{1}{2}$ J 1
98 203	70	F	Good	Senile	Jan. 28	Left, iridectomy.	Jan. 31. Moderate injection. Good A.C. Pupil wide. Pillars of iris retracted. Feb. 2. Iritis. Feb. 7. Cornea clearing. Intense injection. Iris very discoloured. Feb. 10. Iris fair colour. Feb. 12. Eye quiet.			$\frac{1}{2}$ J 1
99 204	67	M	Good	Senile	Jan. 28	Right, iridectomy.	Jan. 30. Moderate injection. Good A.C. Pupil medium. Jan. 31. Iritis. Feb. 3. Eye quieter. Feb. 9. Slight corneal haze; iris still quiet.		Same patient as No. 502.	$\frac{1}{2}$ J 1
100 205	67	M	Good	Senile	April 1	Left, iridectomy. Pupil	April 4. Moderate injec-		Same patient as No. 502.	$\frac{1}{2}$ J 1

100 502	67	M	Good	Senile	April 1	Left, iridectomy. Pupil left black.	<p>Feb. 9. Slight corneal haze; eye quiet.</p> <p>April 4. Moderate injection. Good A.C. Pupil medium. Iritis.</p> <p>April 10. Pupil wide. Capsule. Much injection.</p> <p>April 16. Eye quietening.</p> <p>April 30. Eye quiet.</p>	<p>Same patient as No. 204.</p>	<p>⁶/₁₈ J 1</p>
101 207	73	M	Good	Senile	Jan. 28	Right, iridectomy.	<p>Feb. 2. Moderate injection. Good A.C. Pupil wide. Much cortex in pupil.</p> <p>Feb. 5. Slight corneal haze.</p> <p>Feb. 7. Wound healed. Pupil full of cortex.</p>	<p>Did not come back for re-examination.</p>	<p>Fingers.</p>
102 263	74	F	Fair	Senile	Feb. 15	Right, iridectomy. Lens dislocated backwards and was spooned out. Large escape of vitreous	<p>Feb. 19. Moderate injection. Good A.C. Much hyphaema. Striate corneal haze.</p> <p>Feb. 23. Intense injection. Wound full of vitreous.</p> <p>Feb. 24. Cornea hazy. A.C. full of blood clot.</p> <p>Feb. 26. Intense chemosis of lids and conjunctiva.</p> <p>Feb. 27. Purulent cyclitis.</p> <p>Mar. 14. Intense injection. Pupil closed. T-2.</p> <p>V=No P.L.</p>	<p>Mar. 24, 1910. Enucleation.</p>	<p>Eye lost.</p>
103 333	70	F	Good	Senile	Feb. 25	Right, iridectomy. Lens spooned out. Escape of vitreous.	<p>Mar. 12. Moderate injection. Good A.C. Pupil medium. Capsule.</p> <p>Mar. 8. Wound not healed.</p> <p>Mar. 14. Eye quiet. Wound healed. Film of capsule.</p>	<p>Oct., 1910. Discussion.</p>	<p>⁶/₁₂ J 1</p>

No and Reference	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision
104 395	62	F	Good	Senile	Mar. 1	Left.	Mar. 4. Slight injection. Good A.C. Pupil wide. Capsule. Mar. 14. Ciliary injection. Cornea steamy. Iris discoloured. Cyclitis. Mar. 21. T + I. Mar. 29. Corneal haze. T. full. April 4. Eye quiet. Cornea clear. T.N.		Jan., 1910. Preliminary iridectomy. Oct., 1910. Central choroidal atrophy. Vitreous clear.	J 20
105 412	74	M	Good	Senile	Mar. 1	Left, iridectomy.	Mar. 4. Eye quiet. Good A.C. Pupil wide. Much capsule. Mar. 10. Eye quite quiet. Capsule.	Sept., 1910. Discission.		§ J 1
106 414	59	M	Good	Senile	Mar. 4	Left, iridectomy. Collapse of cornea.	Mar. 7. Eye quiet. Good A.C. Pupil medium. Mar. 14. Eye quiet. Much capsule in pupil.			§ J 1
107 462	64	F	Good	Senile	Mar. 11	Right, iridectomy. Patient unsteady and much vitreous escaped.	Mar. 15. Moderate injection. Good A.C. Pupil wide. Streaky corneal haze. Capsule. Mar. 20. Wound healed. Cornea almost clear. Mar. 24. Wound prominent. April 8. Eye quite quiet.		April, 1910. R.V. = § J 1. May, 1910. R.V. = P.L. Large separation of retina.	P. L.
108 463	77	M	Good	Senile	April 1	Right, Very unsteady	April 4. Slight injection. Cornea almost clear.		Mar. 8, 1910. Preliminary iridectomy.	§ J 1

J 1

Same patient as No. 582.

P.L.

Mar., 1911. Iris Bombé. Pupil closed. Projection poor. T.N.

Eye lost.

May, 1910. R.V. = No P.L. T-3. Pupil closed. Iris Bombé.

J 19

Feb., 1910. Preliminary iridectomy. Feb., 1911. Corneal haze. Dull red reflex. No fundus details. T.N. Pupil clear.

July 11. Shallow A.C. July 14. Injection slight. Good A.C. Pupil wide. July 18. Eye quiet.

Nov., 1910. Iridectomy below.

April 11. Moderate injection. Shallow A.C. Pupil wide. Bead of vitreous in wound. Capsule healing in wound. April 28. Wound healed. May 4. Eye quiet. Much capsule. Nov., 1910. Re-admission. Pupil full of capsule. Adherent to iris below. V. = P.L.

April 13. Slight injection. Good A.C. Pupil wide. Much capsule. April 16. Moderate injection. Corneal haze. Iritis. April 17. Intense chemosis. Purulent cyclitis. April 25. Intense injection. No A.C. Cornea clear. Pupil full of exudate. May 5. T-1. Iris Bombé.

July, 1910. Optical iridectomy on inner side.

April 20. Moderate injection. Good A.C. Pupil wide. April 25. Wound unhealed. May 2. Wound healed. Slight injection. Capsule.

Left, iridectomy. Patient steady.

Right, iridectomy. Corneal section.

Right, iridectomy. Patient very unsteady and much vitreous escaped.

Right. Some vitreous escaped before extraction of lens, which was spooned out.

July 8

April 8

April 8

April 15

Senile

Senile

Senile

Senile

Good

Good

Good

Good

M

F

F

M

77

63

64

54

109 1112

110 597

111 626

112 666

No. and Reference Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
113 721	55	F	Good	Senile	April 26	Left, iridectomy.	April 30. Moderate injection. Good A.C. Pupil wide. May 1. Conjunctival chemosis. Iritis. Pupil wide. May 9. Eye almost quiet.			3 J 1
114 776	57	F	Good	Senile	May 6	Left, iridectomy. Clear black pupil. Steady patient.	May 9. Eye quiet. Pupil wide. Good A.C. Haze of cornea above. May 11. Iritis. May 14. Trace of clot in A.C. Cornea dull. May 21. Injection slight. Iris fair colour.		O. P. notes. June, 1910. Cyclitis. July, 1910. L.V. = P.L. Feb., 1911. Eye quiet. Capsule. Vitreous opacities. Projection bad.	P. L.
115 851	44	F	Fair	Senile	May 24	Left.	May 27. Slight injection. Good A.C. Pupil wide. May 31. Eye quiet. Film of capsule.	Dissection.	Feb., 1910. Preliminary iridectomy. Same patient as No. 1484.	3 J 1
116 1484	44	F	Fair	Senile	Sept. 26	Right, iridectomy.	Sept. 28. Eye quiet. Pupil wide. Good A.C. Oct. 10. Eye quiet. Outer iris pillar healed in wound.		Same patient as No. 851.	1 3 J 1
117 853	62	F	Good	Senile	May 31	Right, iridectomy. Small section. Vitreous escaped before lens, which was spooned out.	June 4. Slight injection. Good A.C. Pupil medium. Haze of cornea. June 6. Iritis. June 16. Cornea clearing. Haze of cornea cleared. Eye quiet.		Awaits dissection of dense capsule.	J 20
118 805	57	M	Good	Senile	June 3	Left, iridectomy. Patient steady. Corneal section.	June 6. Slight injection. Good A.C. Pupil wide.	Feb. 7, 1911.	Feb., 1911. Media clear. Disc pale.	3 J 12

LITHIUM INJECTION. Series 252. 10 cc. 2% solution.					Feb. 7, 1911. Discussion.	Feb. 1911. Media clear. Disc pale. Tobacco amblyopia.	J 12
No.	Sex	Age	Condition	History			
118 905	57	M	Good	Senile	June 3	Left, iridectomy. Patient steady. Corneal section.	
119 948	64	F	Good	Senile	June 14	Left, iridectomy. Very steady patient.	J 1
120 1000	76	M	Good	Senile	June 17	Left, iridectomy. Steady patient. Collapse of cornea. Pupil black.	J 1
121 1030	51	F	Good	Diabetic	June 27	Left, iridectomy. Con- junctival flap.	J 1
122 1716	51	F	Good	Diabetic	Nov. 4	Right, iridectomy. Very steady patient. Soft lens. Pupil left clear and black.	J 1
123 1046	70	F	Good	Senile	June 24	Left, Small section had to be enlarged with scissors.	J 10

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
124 1047	70	M	Good	Senile	June 27	Left, iridectomy. junctional hsp.	June 30. Eye quiet. Good A.C. Pupil wide. July 2. Wound bulging. Moderate injection. July 6. Film of capsule. July 11. Eye quiet.		Feb., 1911. Media clear. Fundus normal.	½ J 1
125 1092	70	F	Good	Senile	July 12	Left, iridectomy. accident.	July 16. Slight injection. Good A.C. Pupil wide. July 22. Eye quiet.		Same patient as No. 353.	½ J 1
126 333	70	F	Good	Senile	Feb. 22	Right, iridectomy. Very unsteady patient. Much vitreous escaped.	Feb. 26. Slight injection. Good A.C. Pupil wide. Mar. 2. Eye quiet. Dense capsule.	Mar. 22, 1910. Dissection. July 5, 1910. Dissection.	Same patient as No. 1092.	½ J 1
127 1138	57	F	Good	Senile	July 13	Right, iridectomy.	July 16. Moderate injec- tion. Good A.C. Pupil medium. July 20. Iritis. July 21. Tag of capsule and outer pillar of iris in wound. Eye very irri- table. July 31. Eye irritable and watery. Slight infection. Aug. 6.		Same patient as No. 1872.	½ J 1
128	57	F	Good	Senile	Dec. 9	Left, iridectomy.	Dec. 12. Eye quiet. Good		Same patient as No.	½ J 1

128 1872	57	F	Good	Senile	Dec. 9	Left, iridectomy.	<p>Aug. 6. Slight injection.</p> <p>Dec. 12. Eye quiet. Good A.C. Pupil wide.</p> <p>Dec. 15. Eye irritable.</p> <p>Dec. 17. Iritis.</p> <p>Dec. 19. Much injection. Pupil medium.</p> <p>Dec. 28. Pupil wide. Iris dull. Deep A.C. Slight corneal haze.</p> <p>Jan. 2. Eye almost quiet.</p>	Same patient as No. 1138.	½ J 1
129 1158	63	M	Good	Senile	July 15	Left.	<p>July 18. Slight injection. Good A.C. Pupil wide. Pupil clear in centre.</p> <p>July 23. Iritis.</p> <p>July 26. Eye quiet. Iris good colour. Film of capsule.</p>	<p>Dec., 1910. Discussion.</p> <p>Jan., 1909. Preliminary iridectomy. Dec., 1910. Pupil clear. Disc pale. Tobacco amblyopia.</p>	J 16
130 1161	79	M	Good	Senile	July 19	Left, iridectomy. Patient very unsteady.	<p>July 22. No A.C.</p> <p>July 24. Very shallow A.C.</p> <p>July 25. A.C. still shallow. Vertical streaky corneal haze.</p> <p>July 28. Eye quiet. Good A.C.</p>	Did not come back for re-examination.	
131 1253	58	F	Fair	Senile	Aug. 5	Left, iridectomy. Very steady patient. Soft lens.	<p>Aug. 8. Moderate injection. Pupil medium. Good A.C.</p> <p>Aug. 9. Slight iritis.</p> <p>Aug. 13. Key-hole pupil. Wound prominent. Eye quietening.</p> <p>Aug. 17. Eye quiet. Film of capsule.</p>	<p>Aug. 30, 1910. Discussion.</p>	½ J 1

No. and Reference Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks	Vision.
132 1266	65	F	Good	Senile	Aug. 8	Right, iridectomy. Patient unsteady. Cap- sule below.	Aug. 11. Slight injection. Good A.C. Pupil wide. Aug. 19. Eye quiet.	Mar. 7, 1911. Discussion. Mar. 9. Cornea hazy. Iris dis- coloured. Mar. 11. Cornea clearer. Mar. 13. T full. Mar. 17. T.N. Still some corneal haze.	Mar. 30, 1911. Cor- nea and iris good colour. Dull red reflex. Capsule in pupil. T.N.	J 20
133 1364	56	F	Fair	Senile	Aug. 27	Right, iridectomy. Patient squeezed during iridectomy, and expelled vitreous. Lens was dislocated, and had to be spooned out.	Aug. 30. Moderate injec- tion. Good A.C. Pupil wide. Iris pillars re- tracted. Some hyphaema. Sept. 5. Hyphaema less. Sept. 11. Eye quietening. Cornea almost clear. Dull red reflex. Much cap- sule.	Feb. 23, 1911. Discussion.		§ J 1
134 1366	60	F	Good	Senile	Aug. 27	Left, iridectomy. Steady patient. Pupil left.	Aug. 30. Eye quiet. Shallow A.C. Pupil		Mar., 1911. Media clear. Forwarding	§ J 1

134 1366	60	F	Good	Senile	Aug. 27	Left, iridectomy. Steady patient. Pupil left black.	Aug. 30. Eye quiet. Shallow A.C. Pupil medium and black. Sept. 6. Moderate injection. Pain in globe, which looks well. Sept. 11. Slight corneal haze. Eye very injected. Iris good colour. Sept. 17. Eye still irritable. Sept. 22. Cornea clear. Pupil wide.	Mar., 1911. Media clear. Fundus normal.	$\frac{1}{2}$ J 1
135 1436	69	F	Fair	Senile	Sept. 16	Right. Clear pupil left.	Sept. 19. Moderate injection. Slight corneal haze. Good A.C. Sept. 24. Eye almost quiet. Cornea clear.	Mar. 28, 1911. Discussion. Good central opening made in capsule.	Dec., 1909. Preliminary iridectomy. Patient did not attend for re-examination.
136 141	57	F	Good	Senile	Feb. 4	Left. Clear black pupil.	Feb. 7. Eye quiet. Good A.C. Pupil wide. Some cortex. Feb. 14. Eye quiet. Much capsule.	Feb., 1911. Discussion.	Jan. 20, 1910. Weber's operation. Jan. 25, 1910. Preliminary iridectomy. Same patient as No. 1437.
137 1437	57	F	Good	Senile	Sept. 23	Right. Patient very steady. Pupil left black.	Sept. 26. Eye quiet. Good A.C. Pupil wide. Oct. 1. Eye quiet.	Jan. 13, 1910. Weber's operation. Sept. 13, 1910. Preliminary iridectomy. Same patient as No. 141.	$\frac{1}{2}$ J 1

No. and Reference in-patient Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
138 1469	71	M	Good	Senile	Sept. 16	Left, iridectomy. Very steady patient. Soft lens. Cortex mas- saged away.	Sept. 19. Slight injection. Good A.C. Pupil wide. Capsule in coloboma. Sept. 21. Knocked eye. Hyphema. Good A.C. Wound sound. Sept. 23. Trace hyphema. Sept. 28. Eye quiet.			$\frac{5}{8}$ J 1
139 1706	61	M	Good	Senile	Nov. 1	Right, iridectomy.	Nov. 4. Slight injection. Good A.C. Pupil small. Some clot. Irido-dialysis of inner pillar. Nov. 7. Iris dull. Nov. 13. Iris good colour. Cornea clear. Pupil wide. Nov. 17. Eye quiet.			$\frac{1}{2}$ J 1
140 1707	54	M	Good	Senile	Nov. 1	Left, iridectomy.	Nov. 4. Slight injection. Good A.C. Pupil wide. Film of capsule. Nov. 9. Eye more injected. Cornea clear. Nov. 13. Eye almost quiet.	Mar. 7, 1911. Dissection.		$\frac{1}{8}$ J 1
141 1752	69	M	Good	Senile	Nov. 11	Left, iridectomy. Very unsteady patient. Lens spooned out. Large escape of vitreous.	Nov. 16. Slight injection. Good A.C. Pupil wide. Nov. 19. Cornea clear. Clear vitreous in wound. Nov. 23. Eye looks well. Wound almost healed.	Feb. 24, 1911. Dissection.		$\frac{5}{8}$ J 1
142 1805	79	M	Good	Senile	Nov. 22	Right, iridectomy. Steady patient. Large	Nov. 26. Eye quiet. Good A.C. Pupil medium.		Mar., 1911. Fine film of capsule. Fundus normal.	$\frac{1}{8}$ J 4
143	63	M	Good	Senile	Nov. 22	Left, iridectomy. Steady	Nov. 26. Eye quiet. Good A.C. Pupil small.	Jan. 10, 1911.		$\frac{1}{8}$ J 1

143 1811	63	M	Good	Senile	Nov. 22	Left, iridectomy. Steady patient. Bead of vitreous escaped during massage of cornea.	Nov. 26. Eye quiet. Good A.C. Pupil wide. No vitreous in wound. Capsule in pupil. Nov. 30. Wound healed. Eye quiet.	Jan. 10, 1911. Discussion. Mar. 7, 1911. Discussion.	J 1	of capsule. Fundus normal.
144 1795	47	F	Good	Diabetic	Dec. 2	Right. Patient shot out lens after section was completed.	Dec. 5. Slight injection. Good A.C. Pupil wide. Some opacity in pupil. Dec. 10. Slight injection. Dec. 14. Eye quiet. Much capsule.	Feb. 7, 1911. Discussion.	J 1	Nov. 18, 1910. Preliminary iridectomy.
145 1841	65	F	Good	Diabetic	Dec. 9	Right. Lens escaped suddenly, and was followed by some vitreous.	Dec. 14. Slight injection. Fair A.C. Pupil wide. Lips of wound are apposed. Dec. 18. Eye quiet and looks well. Dec. 23. Wound healed.	Feb. 14, 1910. Discussion. Capsule would not cut.	J 16	Nov. 29, 1910. Preliminary iridectomy.
146 702	71	F	Good	Senile	April 29	Left, iridectomy. Small section. Lens spooned out and some vitreous escaped.	May 3. Moderate injection. Good A.C. Pupil small. Corneal haze. Iritis. Much capsule. May 13. Conjunctival chemotic. Pupil small. Cornea clear. Iris fair colour. Some vitreous in wound. May 19. Eye quietening. May 25. Slight injection. Iris Bombé. Pupil small. Projection poor.	Feb., 1910. L.V. = P. L. Pupil closed. T-l. Iris Bombé.	P.L.	

No and Reference	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision
147 1673	78	F	Good	Senile	Oct. 24	Left. Patient very unsteady. Lens spooned out, and much vitreous escaped.	Nov. 2. Lids red and rough. Atropin ezema. Slight injection. Pupil wide. Good A.C. Corneal haze. Much opacity in pupil. Nov. 3. Striate haze of cornea. Nov. 7. Cornea clear. Eye keeps quiet. Nov. 10. Wound healed. Nov. 12. Eye quiet. Pupil wide. Iris discoloured. Much capsule.		Sept., 1910. Preliminary iridectomy. Did not attend for re-examination.	
148 1669	74	M	Good	Senile	Nov. 8	Right. Unsteady patient.	Nov. 11. Slight injection. Good A.C. Pupil wide and black. Nov. 19. Eye quiet.		Oct., 1910. Preliminary iridectomy. Mar., 1911. Media clear and disc pale. Tobacco amblyopia.	$\frac{5}{16}$ J 14
149 1874	75	F	Fair	Senile	Dec. 9	Right, iridectomy. Patient steady. Collapse of cornea.	Dec. 12. Good A.C. Hyphaema. Dec. 14. Pupil medium. Dec. 15. Hyphaema less. Iris discoloured. Wound not yet healed. Dec. 19. A little clot in coloboma. Dec. 22. Eye quiet. Wound healed. Eye good.		Deaf and unsatisfactory to test. Feb., 1911. Fundus normal. Fine capsule.	$\frac{1}{16}$ J 4
150	74	F	Good	Senile	Dec. 13	Left, iridectomy. Corneal opacity.	Dec. 16. Slight injection. Good A.C. Pupil wide.		Feb., 1911. Media clear. Large staphy-	$\frac{5}{16}$ J 1

150 1914	74	F	Good	Senile	Dec. 13	Left, iridectomy. Corneal section. Patient very steady.	Dec. 22. Eye quiet. Wound healed. A.C. good. Dec. 16. Slight injection. Good A.C. Pupil wide. Striate corneal haze. Slight conjunctivitis. Dec. 19. Slight injection. Dec. 21. Slight iritis. Dec. 26. Pupil wide. Dec. 30. Eye almost quiet.	Feb., 1911. Media clear. Large staphylococcal abscess.	35 J 1
151 105	76	M	Fair	Senile	Jan. 6	Left, iridectomy. Large dark sticky lens was extracted piecemeal, and with difficulty.	Jan. 9. Shallow A.C. Pupil small. Much cortex. Jan. 11. A.C. fair. Jan. 13. A.C. shallow. Cornea hazy. Jan. 19. Wound healed. A.C. still shallow. Jan. 21. T.N. Jan. 25. Good A.C. T.N. Feb. 1. Eye quiet. Feb. 4. Cornea almost clear.		35 J 1
152 131	65	F	Good	Senile	Jan. 10	Right, iridectomy. Patient steady.	Jan. 13. Slight injection. Good A.C. Pupil wide. Film of capsule. Jan. 15. Trace of blood clot in A.C. below. Jan. 21. Eye quiet. A.C. clear.		35 J 1
153 178	54	F	Good	Senile	Jan. 17	Left. Patient unsteady.	Jan. 21. Eye quiet. Pupil wide. Shallow A.C. Jan. 25. Eye quiet. Good A.C. Jan. 29. Pupil clear. Fundus easily seen.	Nov., 1909. Preliminary iridectomy.	15 J 1

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
154 198	71	F	Good	Senile	Jan. 31	Left, iridectomy. Overmature lens. Capsule ruptured with forceps. Much soft cortex expressed. Collapse of cornea.	Feb. 3. Slight injection. Corneal haze above. Pupil wide. Good A.C. Feb. 4. Iritis. Feb. 7. Intense injection. Trace of lymph in A.C. below. Cyclitis. Feb. 10. A.C. clear. Feb. 15. Cornea clear. Pupil wide. Iris better colour. Much injection. Feb. 28. Eye almost quiet.			
155 303	36	M	Good	Senile	Feb. 14	Left, iridectomy. Clear black pupil.	Feb. 17. Slight injection. Good A.C. Pupil wide. Feb. 23. Eye quiet. Pupil clear.			$\frac{1}{2}$ J 1
156 316	62	M	Good	Diabetic	Feb. 24	Right, iridectomy. Steady patient. Clear black pupil.	Feb. 27. Slight injection. Shallow A.C. Pupil medium. Feb. 28. Good A.C. Mar. 3. Eye injected, but looks well. Mar. 8. Eye almost quiet.			$\frac{1}{2}$ J 1
157 401	65	F	Good	Senile	Mar. 5	Left, iridectomy. Very steady patient. Clear black pupil.	Mar. 6. Eye quiet. No A.C. Mar. 8. Fair A.C. Pupil medium. Mar. 11. Iritis. Synecchia, below.			$\frac{1}{2}$ J 1
158	67	F	Good	Senile	Feb. 98	Left, iridectomy. Clear	Mar. 9. Eye quiet. Dark			

158 402	67	F	Good	Senile	Feb. 28	Left, iridectomy. black pupil.	Clear	Mar. 3. Eye quiet. Pupil wide. Good A.C. Mar. 8. Eye quite quiet.	$\frac{1}{12}$ J 1
159 477	69	F	Good	Senile	Mar. 14	Left, iridectomy. lens. Clear black pupil	Soft	Mar. 17. Eye quiet. Pupil wide and black. Good A.C. Mar. 24. Eye quite quiet.	$\frac{1}{12}$ J 1
160 479	63	F	Good	Senile	Mar. 11	Right, iridectomy.		Mar. 14. Eye quiet. Pupil wide. Corneal haze. HgCl ₂ Good A.C. Mar. 18. Cornea clear. Mar. 19. Iritis. Mar. 24. One synech. post. below and on outer side. April 5. Eye still irritable. April 18. Slight injection. Iris still discoloured. April 22. Eye quiet.	$\frac{1}{12}$ J 1
161 572	78	M	Good	Senile	April 14	Right, iridectomy. Soft eye. Large dark lens. Iris did not retract well.		April 17. Moderate injec- tion. Good A.C. Pupil wide. Iris pillars re- tracted. April 26. Eye quiet.	$\frac{1}{12}$ J 1
162 619	49	F	Good	Senile	April 7	Right, iridectomy. Steady patient.		April 10. Slight injection. Good A.C. Pupil medium. April 15. Eye quiet. Pupil clear.	$\frac{1}{12}$ J 1

No. and Reference In patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
163 658	63	F	Good	Senile	April 21	Left, iridectomy. Collapse of cornea. Very steady patient.	April 24. Slight injection. Shallow A.C. Pupil wide. Atropin ezema. April 29. Conjunctivitis. Iris good colour. May 3. Eye quiet.	July 7. T. + 1 Re-admission. Iridectomy on outer side. July 10. Good A.C. Some hyphema. July 17. Eye quiet. July 21. T. full. July 28. T.N. Oct. 14. Dissection.	Lachrymal obstruction. Eye watery.	# J 1
164 732	76	F	Fair	Senile	May 5	Left, iridectomy. Unsteady patient.	May 9. Eye quiet. Good A.C. Pupil wide. Capsule. May 17. Iritis. May 25. Eye quiet. Pupil clear.		Mental condition renders testing unsatisfactory.	
165 769	47	M	Good	Senile	May 9	Left, iridectomy. Steady patient.	May 12. Eye quiet. Good A.C. Pupil wide. May 17. Eye quiet. Pupil clear.		Optic atrophy.	Fingers.
166 866	55	M	Good	Senile	May 30	Left, iridectomy. Clear black pupil.	June 2. Eye quiet. Pupil wide. Good A.C. June 4. Knocked eye.			
167	60	F	Good	Senile	May 30	Right, iridectomy. Clear	June 2. Moderate injection.			J 1

167 898	60	F	Good	Senile	May 30	Right, iridectomy. Clear black pupil.	June 2. Moderate injection. Corneal haze. Good A.C. Pupil wide. June 5. Iritis. June 10. Eye still irritable. June 14. Eye injected, but looks well.	J 1
168 910	71	F	Good	Senile	June 2	Left. Steady patient. A little capsule left near inner iris pillar.	June 5. Eye quiet. Pupil wide. Fair A.C. June 7. Shallow A.C. June 10. Eye quiet. Good A.C.	J 1
169 675	67	M	Good	Senile	April 21	Right, iridectomy. Clear black pupil.	April 24. Slight injection. Good A.C. Pupil wide. Trace of clot in A.C. April 27. Trace hyphaema. April 28. No hyphaema. May 4. Eye quiet.	J 1
170 13	56	F	Good	Senile	Jan. 12	Right. Section made by scarifier above. Wound enlarged by angled knives. Iridectomy. Soft lens, substance expressed. Faint grey haze in pupil.	Jan. 13. Eye comfortable. Jan. 14. Moderate injection. Corneal haze. Iris discoloured. Jan. 17. Slight injection. Pupil wide. Good A.C. Jan. 19. Good A.C. Pupil wide. Eye quiet. Jan. 24. Zone of capsule across pupil. Eye quiet.	J 14

Dec. 30, 1909. Paracenteses and massage.
Jan. 1. Capsule pricked in two places.
Jan. 10. Superficial horizontal incision across capsule.
Jan. 12. Great pain in R. eye. T. + 2. Vomiting.

No. and Reference in Patient Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
171 82	76	M	Good	Senile	Jan. 10	Right, iridectomy. Dark brown lens expressed. Pillars of iris well retracted.	Jan. 13. Slight injection. Good A.C. Pupil medium. Cortex. Slight conjunctivitis discharge. Jan. 14. Cornea hazy. Iris very discoloured. Con-junctival discharge. Pupil veiled as if purulence of vitreous. Jan. 17. Some injection. Muddiness of A.C. Eye painful. Jan. 20. Pupil much yellower. Jan. 27. Under cocaine com-munication between con-junctival sac and interior of eye discovered.	Feb. 10. Eviscera-tion R.		Lost.
172 107	67	M	Good	Senile	Jan. 6	Right, iridectomy. Outer pillar did not retract well, and further portion removed.	Jan. 9. Eye quiet. Good A.C. Pupil wide. Much cortex. Jan. 13. Slight injection. Jan. 17. Very little injection. Much cortex.	Feb. 24. Discission.	I. P. Sept. 6, 1909. Extraction L. & Iridectomy. L. V. = 1/8 J L.	3 J 1
173 108	54	F	Good	Senile	Jan. 6	Left, iridectomy. Large conjunctival flap. Much cortex expressed. Pupil black.	Jan. 9. Good A.C. Pupil wide. Eye quiet. Cortex.	Feb. 17, 1911. Discission L.		3 J 1
174 124	63	M	Good	Senile	May 30	Left, iridectomy.	June 2. Good A.C. Pupil			3 J 1

174 Case	63	M	Good	Senile	May 30	Left, iridectomy.	June 2, 1911 Good A.C. Pupil	§ J 1
175 285	66	M	Good	Senile	Feb. 7	Right, iridectomy. Conjunctival flap. Hard lens. Capsule drawn out from lips of wound.	Feb. 10. Moderate injection. Good A.C. Pupil wide. Iris slightly discoloured. Feb. 14. Iris still a little discoloured. Feb. 17. Eye quieter. Thin film of capsule.	§ J 1
176 286	65	F	Good	Senile	Feb. 7	Left, iridectomy. Conjunctival flap. Hard dark lens expressed. Iris pillars well retracted. Pupil black.	Feb. 10. Eye quiet. Good A.C. Pupil wide. Che- mosis of conjunctiva below. Feb. 14. Very slight injection. Pupil wide and black.	§ J 1
177 305	66	F	Good	Senile	Feb. 9	Right, iridectomy. Collapse of cornea. Bubble of air admitted. Hard dark nucleus. Pupil black.	Feb. 13. Slight injection. Shallow A.C. Pupil medium. Feb. 14. A.C. forming. Capsule. Feb. 17. Good A.C. Pupil wide. Injection slight.	§ J 1
178 357	60	M	Fair	Diabetic	Feb. 28	Right. Conjunctival flap. Lens expressed. Some cortex remaining, it was removed by irrigation, leaving black central pupil.	Mar. 3. Slight injection. Pupil central. Reacts. Good A.C. Mar. 6. Eye quiet. Pupil round central. Very thin capsule. Feb. 21. Paracentesis and massage. Feb. 24. Capsule pricked in three places with discission needle.	§ J 1
179 609	77	F	Good	Senile	April 18	Left, iridectomy. The lens came away, leaving a dense membrane of capsule, which was wholly drawn out with iris forceps. Conjunctival flap.	April 21. Moderate injection. Pupil wide. Good A.C. Corneal haze. April 23. Cornea clear. Pupil black. April 25. Very slight injection. Pupil wide. Good red reflex.	§ J 1

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
180 611	80	F	Fair	Senile	April 6	Left, iridectomy.	April 10. Slight injection and chemosis of conjunctiva. Good A.C. Pupil wide. April 14. Good A.C. Pupil wide. April 18. Eye quiet. Pupil wide. Good hole in capsule.		L. extensive choroidal atrophy. Pupil clear.	J 20
181 640	55	F	Good	Senile	April 11	Left, iridectomy. Conjunctival flap. Lens presented before iridectomy was done. Slight escape of vitreous. Lens spooned out. Further escape of vitreous. Conjunctival flap could not be replaced.	April 15. Eye injected. Good A.C. Pupil wide. April 18. Very slight injection. April 21. More injection. Some grey in pupil. May 2. Slight injection. Cornea clear. Iris good colour. May 7. Eye watery. Slight ciliary injection.		Awaits dissection.	$\frac{5}{36}$ J 10
182 659	49	F	Good	Senile	April 14	Left, iridectomy. Considerable amount of hæmorrhage. Inner pillar of iris prolapsed and snipped off.	April 16. Slight injection. A.C. very shallow. Pupil medium. Clot. April 18. A.C. Fair depth. Slight injection.			$\frac{5}{36}$ J 1
183 679	79	M	Good	Senile	April 18	Left, iridectomy. Conjunctival flap. Large, dark lens.	April 18. Slight injection. A.C. Shallow. Pupil medium. Good A.C.		I. P. Mar. 27, 1909. Extraction R. V. Iridectomy R. V.	$\frac{5}{36}$ J 1

Case No.	Sex	Age	Refraction	Visual Acuity	History	Examination	Diagnosis	Prognosis
184 687	F	81	Good	Senile	April 18	Right, iridectomy. Collapse of cornea. Iris wounded by Grafe. Conjunctival flap. Hard dark lens expressed. A bubble of air got into A.C.	April 21. Moderate injection. A.C. rather shallow. Some clot in A.C. below. April 25. Injection less. April 28. Eye quiet.	Awaits dissection. J 4
185 749	M	59	Good	Senile	May 2	Left, iridectomy. Clear black pupil.	May 4. Slight injection. Good A.C. Pupil wide. Film of capsule. May 10. Eye quiet. Some capsule.	J 1
186 788	F	73	Good	Senile	May 12	Left. Clear central pupil. Eserine instilled.	May 16. Slight injection. Good A.C. Pupil medium. One synechia posterior above. May 24. Eye quiet. Synechia as above.	J 1
187 868	F	55	Good	Senile	May 26	Right. Conjunctival flap. Pupil round and central. A little blood in A.C.	June 2. Very little injection. Good A.C. Pupil medium. June 3. Pupil wide. One synechia down and out. June 9. Pupil wide and round. Eye quiet.	J 1
188 902	M	84	Fair	Senile	May 30	Left, iridectomy. Pupil clear. Iris pillars perfectly retracted. Hard large lens.	June 2. Slight injection. Shallow A.C. Pupil wide. Cortex. June 5. Good A.C. June 9. Membrane of capsule & hole above. June 14. Eye quiet.	Good red reflex above. Disc pale. Shadows.

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
189 976	76	F	Good	Senile	June 14	Right, iridectomy.	<p>June 14. Patient knocked eye. Much hemorrhage from globe. All dressings stained.</p> <p>June 15. Chemosis of conjunctiva. Wound full of blood clot. A.C. apparently good depth.</p> <p>June 16. All clot. Some ciliary body snipped away.</p> <p>June 18. Good A.C. Some injection. Pupil medium and full of exudate.</p> <p>June 21. Some clot in pupil. A.C. shallow. Wound prominent.</p> <p>June 27. Slight injection. Good A.C. Still some hemorrhage.</p> <p>June 30. Grey membrane blocking pupil. T—.</p>		P.L.	
190 1018	44	F	Good	Senile	June 21	Right, iridectomy. Con-junctival flap. Pillars well retracted. Clear black pupil.	<p>June 24. Patient hit her eye. Some hyphaema.</p> <p>June 28. Hyphaema less.</p> <p>July 2. Moderate injection. Much capsule. Pupil medium.</p> <p>July 8. Slight injection.</p>			§ J 1
191 1022	71	F	Bron- chitic	Senile	Aug. 16	Right, iridectomy Con-junctival flap. Some capsule. Dark blood.	<p>Aug. 19. Slight injection. Pupil wide and black.</p>			§ J 1

191 1022	71	F	Senile	Aug. 16	Right, iridectomy. Con-junctival flap. Some cortex. Pupil black. Atropine instilled.	Aug. 19. Slight injection. Pupil wide and black. Aug. 22. Knocked eye. some hyphema. Aug. 23. A.C. well formed. Aug. 26. Old dark clot on iris below. Otherwise eye well. Sept. 5. Eye quiet.	2 J 1
192 1071	58	F	Good	June 28	Right, iridectomy. Con-junctival flap. Hard calcareous cataract ex-pressed. No cortex. Iris pillars retracted.	June 30. Some injection. Pupil wide. Good A.C. July 4. Eye irritable. July 6. Eye less irritable. July 16. Eye quiet.	2 J 1
193 1143	62	M	Good	July 12	Left. On rupture of cap-sule thin lens substance escaped into A.C. On expressing, the lens was just presenting when patient squeezed violently, and some vitreous was lost. Iris replaced and eserine instilled. Pupil dis-placed upwards. Vit-reous in front of upper part of iris. Roller bandage applied.	July 14. Bandages off. V. Slight puffiness of lids. Slight mucus be-tween lids. July 18. Slight injection. Wound bulging. No iris in it. Pupil eccentric upwards. July 21. Cornea clear. July 25. Eye quiet. Wound healing. No bulging.	2 J 12
194 1150	76	M	Good	July 18	Right, iridectomy.	July 21. Slight chemosis of conjunctiva. Good A.C. Pupil wide. July 26. Iris discoloured. Pupil wide. July 29. Slight injection. Pupil wide and dark.	2 J 1

Floating opacities in vitreous. F.N.

No. and Reference in Patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
195 1173	55	F	Good	Senile	July 26	Left. Conjunctival flap. Slight haze in central pupil.	July 29. Pupil central. Eye quiet. Aug. 3. Pupil eccentric inwards. Aug. 6. Very slight injection Conjunctival flaps swollen.			$\frac{5}{8}$ J 1
196 1176	75	M	Good	Senile	July 19	Left, iridectomy. Conjunctival flap.	July 22. Injection slight. Pupil wide and black. Good A.C. July 25. Eye quiet.			$\frac{5}{8}$ J 1
197 1179	39	M	Good	Senile	July 19	Right. Conjunctival flap. Soft lens. Slight haze left in small central pupil.	July 23. Slight injection. Pupil small and does not react. Good A.C. July 24. Pupil wide. Iris tremulous. July 29. Eye quiet. Pupil wide and round.			$\frac{5}{8}$ J 1
198 1180	64	M	Good	Senile	July 19	Left, iridectomy. Conjunctival flap. Iridectomy done in three separate snips, owing to unsteadiness of patient. Iris rotten. Wide dark pupil. Atropine instilled.	July 22. Slight injection. Good A.C. Pupil wide. July 24. Injection slight. July 29. Eye quiet. Some pigment in healed wound.		Film of capsule. Patient mentally unsatisfactory.	$\frac{4}{8}$ J 1
199 1217	59	M	Good	Diabetic	Aug. 16	Right. Conjunctival flap. A very small peripheral iridectomy done. Some cortex left in pupil. Glaucoma instilled.	Aug. 19. Moderate injection. Good A.C. Pupil medium. Synchia posterior. Much capsule. Aug. 21. Pupil widening. July 31. Eye quiet. Pupil wide.		July 26, 1910. R. Paracentesis and massage. Aug. 3, 1910. R. Paracentesis and massage.	$\frac{5}{8}$ J 1
1218						val flap. Slight haze left in central round			Feb. 24. Cyclitis.	

1218										
201 1239	69	F	Fair	Senile	Aug. 9		cortex left in pupil. Guttae instilled. val flap. Slight haze left in central round pupil.	Aug. 21. Pupil widening. July 31. Eye quiet. Pupil wide. Aug. 3. Pupil round and wide. Wound healed. Film of capsule. Aug. 11. Slight injection. Good A.C. Pupil small. central, inactive. Aug. 14. Chemosis of con- junctiva. Pupil not quite wide above. Aug. 18. Injection mode- rate. Cortex being absorbed. Aug. 20. Slight injection. Pupil medium and black.	Aug. 3. 1910. R. Cyclitis. Feb. 25. Cyclitis less marked. Feb. 29. Improve- ment maintained. April 8. Eye almost quiet. Iris not yet normal colour.	J 1
202 1277	61	M	Good	Diabetic	Aug. 16		Right. Conjunctival flap. A little haze left in central pupil.	Aug. 19. Slight injection. Good A.C. Pupil wide. Aug. 21. Injection slight. Slight prominence of wound. Aug. 23. Iris displaced up- wards. Aug. 30. Eye quiet.	August 9, 1910. R. Paracentesis and massage.	J 1
203 1279	77	M	Good	Senile	Aug. 16		Left, iridectomy. Very small peripheral iridec- tomy only. Lens hard. Some cortex. A little haze left in central pupil.	Aug. 18. Slight injection. A.C. shallow. Prolapse of iris into wound. Iris snipped. Pillars in posi- tion. Aug. 20. No A.C. Aug. 21. Shallow A.C. Pupil medium. Aug. 22. Good A.C. Iritis. Aug. 25. Iritis less. Sept. 3. Eye almost quiet. Iris good colour.		J 1

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
204 1280	54	M	Good	Senile	Aug. 9	Left. Conjunctival flap. Pupil trifle eccentric upwards. Faint haze in pupil. Eserine instilled.	Aug. 11. Slight injection. Pupil central, small, inactive. Good A.C. Aug. 12. Pupil not wide above. Some cortex. Aug. 15. Knocked eye. Hyphema $\frac{1}{2}$. Aug. 16. General injection. Pupil medium. round. Blood-stained capsule in A.C. Aug. 19. Pupil round, central. Good A.C. Still some blood. Aug. 22. Eye quiet.			$\frac{2}{3}$ J 1
205 1314	62	M	Good	Senile	Aug. 17	Left. Lens soft. Pupil central, with slight haze.	Aug. 20. Moderate injection. A.C. shallow. Pupil small. Much cortex. Aug. 21. Pupil medium. Good A.C. Aug. 23. Much cortex. Aug. 26. Slight injection. Pupil medium and round.			$\frac{2}{3}$ J 1
206 1311 207 1809	70	M	Good	Senile	Aug. 23	Right. Iridectomy. A. C. removed.	Aug. 26. Eye quiet. Pupil small.		Aug. 16, 1910. R. L.	$\frac{2}{3}$ J 1
	70	M	Good	Senile	Nov. 22	Left. Iridectomy. Conjunctival flap. Iris folded over knife, and	Nov. 22. Patient vomited violently at 4 p.m. On examination flap seen to		Same patient as No. 1311.	Lost.
							Jan. 2, 1911. Enuclea-			

No. and Reference In-patient Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
209 1381	64	F	Good	Senile	Aug. 30	Right, iridectomy. Small conjunctival flap. Hard lens. Black pupil. Pillars of iris perfectly retracted.	Sept. 2. Slight injection. Good A.C. Pupil wide. Sept. 5. Chemosis of con- junctiva. Pupil medium. Hyphaema 4. Sept. 9. Trace hyphaema below. Some injection. Sept. 13. Trace blood in A.C. Iritis. Pupil medium. Injection moderate. Sept. 15. Eye quiet.			§ J 1
210 1382	67	M	Fair	Senile	Aug. 30	Right, iridectomy. On rupturing capsule milky fluid filled A.C. Nu- cleus expressed.	Sept. 2. Moderate injec- tion. Pupil wide. Good A.C. Sept. 5. Eye rather in- jected. Pupil wide. Sept. 9. Slight injection. Good A.C. Sept. 14. Eye quiet.			§ J 1
211 1406	35	M	Good	Senile	Sept. 6	Right, iridectomy. Con- junctival flap. Small nucleus expressed.	Sept. 9. Slight injection. Good A.C. Pupil wide. Some capsule below. Sept. 11. Eye quiet.			§ J 1
212 1407	46	M	Good	Senile	Sept. 6	Right, iridectomy. Con- junctival flap. Soft lens expressed. A little capsule down and out. Atropin instilled.	Sept. 9. Skin of lids rough and red. A.C. very shallow. Pupil wide. Some clot in A.C. below. Sept. 12. Knocked eye. Hyphaema. Wound pro-		Mar., 1911. Dis- cision. R.	§ J 1

capsule down and out.
Sept. 12. Knocked eye.
Erythema. Wound pro-

213 1529	72	M	Good	Senile	Oct. 7	Right, iridectomy. Con- junctival flap.	Oct. 10. Injection slight. Good A.C. Pupil wide. Oct. 13. Iritis. Pupil wide. Oct. 17. Eye much quieter. Iris colour improving. Pupil wide. Oct. 18. Slight injection still.	♂ J 1
214 1531	54	F	Good	Senile	Sept. 27	Right. Conjunctival flap. No cortex. Central pupil.	Oct. 1. Slight injection. A.C. just forming. Oct. 2. Good A.C. Pupil round and central. Oct. 4. Eye quiet. Some capsule. Good A.C. Oct. 7. Eye quiet. Pupil wide and round.	♂ J 1 Feb. 16, 1911. Film of capsule.
215 1603	69	F	Fair	Senile	Oct. 11	Right. Section com- pleted through the cornea. Two large pieces of capsule re- moved with iris forceps. Clear pupil.	Oct. 15. Eye quiet. Good A.C. Prolapse of iris. Iris snipped. Outer pillar well retracted. Inner free from wound. Atropin instilled. Oct. 17. Good A.C. Pillars retracted. Oct. 21. Pupils wide and black. Eye quiet.	♂ J 1
216 1609	54	M	Good	Senile	Sept. 18	Right, iridectomy. Con- junctival flap. Iris adherent to lens cap- sule. Anterior capsule avulsed by Treacher Collins forceps. Hard nucleus expressed. Escape of thin fluid during early stages. Altered vitreous. None in later stages.	Sept. 21. Very little in- jection. Fair A.C. Pupil medium. Sept. 23. Slight conjunc- tiva. Good A.C. Sept. 28. Iris trifle dis- coloured, flat, and tremu- lous. Marked vitreous opacities. Sept. 31. Eye quiet.	P. L. Mar. 1, 1911. Marked vitreous opacities. Capsule.

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217 1640	59	F	Good	Senile	Oct. 18	Right. Conjunctival flap. Pupil central, round, clear.	Oct. 21. Some injection. Pupil central. Atropin instilled. Oct. 25. Slight injection. Band of capsule across pupil. Synech. post. above and below. Oct. 28. Much general injec- tion of conjunctiva. Iris looks well. Cornea bright. Oct. 31. Lids puffy. Eye quiet. Nov. 4. Lids much quieter. Slight conjunctivitis still. Nov. 7. Eye quiet.			3 J 1
218 1665	53	M	Good	Senile	Oct. 24	Right. Clear black pupil.	Oct. 28. Gummy discharge from each eye. Lids glued together. Good A.C. Pupil central. Atropin instilled. Oct. 29. Slight injection. Good A.C. Pupil medium and round. Iris good colour. Much capsule. Nov. 3. Slight conjunctivi- tis. Much cortex. Nov. 11. Cortex clearing in centre.			3 J 1
219 1698	58	F	Good	Senile	Oct. 28	Right. Clear central pupil.	Nov. 1. Eye quiet. Pupil not quite round. Nov. 3. Eye quiet. Pupil not quite round.		Film of capsule. Awaits dissection.	3 J 1

219 1888	58	F	Good	Senile	Oct. 28	Kight. Clear central pupil.	Nov. 1. Eye quiet. Pupil not quite round. Nov. 3. Eye quiet. Pupil	13 J 1	1891
220 1876	69	F	Good	Senile	Nov. 29	Right, iridectomy. Free hemorrhage into A.C. Clear pupil. Atropin instilled.	Dec. 2. Slight injection. Good A.C. Pupil wide. Faint corneal haze. Hg. Cl. 2. Dec. 3. Conjunctivitis. Dec. 6. Conjunctivitis. Otherwise well. Dec. 9. Some injection. Dec. 12. Slight injection. Cornea clear.		
221 1889	64	M	Good	Diabetic	Nov. 1	Left. Conjunctival flap. Difficulty in delivering lens, owing to it catching in border of iris. Collapse of cornea—not due to cocaine.	Nov. 4. Iris prolapsed into wound (due to patient sitting up to-day). Iridectomy. Wound very gaping. Atropin instilled. Nov. 6. No A.C. Wound bulging. Nov. 7. Shallow A.C. Nov. 10. Fair A.C. Nov. 14. Wound less prominent. Nov. 16. Wound bulging a little still. Eye quieter, but still some injection. Cornea clear. A.C. moderate. Nov. 21. Some haze in upper $\frac{1}{4}$ of cornea. Iris discoloured. Nov. 26. Eye much quieter. Wound almost flat. Dec. 6. Trifle peri-corneal injection. Wound healed with pigment in it. A.C. fair. Iris drawn up. Some capsule.	T— Dull red reflex. Iris in wound. Slight peri-corneal injection.	J 20

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision.
222 1710	69	F	Good	Senile	Nov. 1	Right, iridectomy.	Nov. 4. Slight injection. Good A.C. Pupil wide and black. Nov. 7. Eye quite quiet. Nov. 15. V. thin film of capsule.		Fine capsule.	$\frac{5}{12}$ J 1
223 1739	65	F	Fair	Senile	Nov. 8	Left. Conjunctival flap. Central pupil. Some cortex left.	Nov. 13. Slight injection. Good A.C. Pupil medium, and not quite round. Some cortex. Nov. 15. Very slight injec- tion. Some cortex in pupil. Nov. 19. Eye quiet.		Capsule. Patient is unfit for further operation.	J 16
224 1779	64	M	Good	Senile	Nov. 15	Left, iridectomy. Very soft eye. Clear pupil. Stanculeano's forceps used. Lens large and hard. Atropin in- stilled.	Nov. 17. Lids trifle puffy. Atropin instilled. Nov. 18. Less oedema of lids. Good A.C. Pupil wide. Cortex. Nov. 19. Lids rough. Nov. 22. Pupil wide. Mass of cortex. Eye quiet.		Feb. 28, 1911. Dis- cussion. L.	J 18
225 1812	77	M	Good	Senile	Nov. 22	Right, iridectomy. Con- junctival flap. Large amount of soft cortex expressed. Capsule broken up with Treas- cher Collins' forceps. Clear black pupil.	Nov. 25. Eye quiet. Pupil wide. Good A.C. Some capsule. Dec. 2. Eye quiet.		Central choroiditis.	$\frac{5}{12}$ J 1

226 69 F Good 1 Semile Nov. 29 Left, iridectomy. Clear Dec. 2. Slight injection.

Extensive nebula J 4

226 1839	F	Good	Senile	Nov. 29	Left, iridectomy. Clear black pupil. Pillars well retracted.	Dec. 2. Slight injection. Good A.C. Pupil wide. Faint corneal haze. Hg. Cl. 2. Dec. 4. Trace hyphema. Dec. 10. Trace hyphema still. Dec. 13. Pupil large and black.	Dec. 2. Slight injection. Good A.C. Pupil wide and looks black. Dec. 8. Fine film of capsule. Dec. 9. Eye quiet. Dec. 15. Membrane of wrinkled capsule stretched over whole of pupil.	Extensive nebulæ cornea, not very dense. Marked staph. post. vitreous opacities.	8 J 4
227 1849	M	Good	Senile	Dec. 2	Right, iridectomy. Iris wounded during section and small piece detached. Collins forceps used to rupture lens capsule.	Dec. 5. Eye quiet. Good A.C. Pupil wide and looks black. Dec. 8. Fine film of capsule. Dec. 9. Eye quiet. Dec. 15. Membrane of wrinkled capsule stretched over whole of pupil.	Jan. 12. 1911. Discussion Right. Jan. 16. Capsule closed up again. edges of capsule almost overlap.	Fine capsule.	8 J 1
228 1867	F	Good	Senile	Dec. 6	Left, iridectomy. Conjunctival flap. Clear pupil.	Dec. 9. Eye quiet. Fair A.C. Pupil medium. Some cortex. Dec. 13. Some injection. Deep A.C. Iris pillars well retracted. A little capsule and iritis. Dec. 17. Injection marked. Cornea clear. Iris good colour. Dec. 20. Iritis still present. Iris adherent to capsule. Dec. 26. Eye quiet.	Dec. 9. Eye quiet. Fair A.C. Pupil medium. Some cortex. Dec. 13. Some injection. Deep A.C. Iris pillars well retracted. A little capsule and iritis. Dec. 17. Injection marked. Cornea clear. Iris good colour. Dec. 20. Iritis still present. Iris adherent to capsule. Dec. 26. Eye quiet.		8 J 1
229 1868	F	Good	Senile	Dec. 6	Left. Conjunctival flap. Nucleus and some cortex expressed. Pupil central.	Dec. 12. Slight injection. Good A.C. Pupil medium and round. Film of capsule. Dec. 15. Eye quiet. Pupil round. Dec. 20. Eye quiet. Pupil round. Some capsule.	Dec. 12. Slight injection. Good A.C. Pupil medium and round. Film of capsule. Dec. 15. Eye quiet. Pupil round. Dec. 20. Eye quiet. Pupil round. Some capsule.	Large area of choroidal atrophy in the posterior pole. Staph. post. Periphery normal. Pupil clear.	J 19

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision
230 1908	73	M	Good	Senile	Dec. 16	Left, iridectomy. Con- junctival flap. Anterior capsule avulsed with Treacher Collins for- ceps. Hard lens with a little hard cortical sub- stance expressed. Col- lapse of cornea. Pupil black.	Dec. 19. Slight injection. Good A.C. Pupil wide. Dec. 20. Eye quiet. Pupil wide. Little capsule. Dec. 22. Bit of iris in wound at inner side. Dec. 23. Eye quiet.		Small r. staphyloma posticus. Pupil clear.	½ J 1
231 1909	66	M	Good	Senile	Dec. 16	Left. Pupil central. Some cortex.	18. Vomited this morning. Slight oedema of lid. A.C. shallow. Pupil small and central. Fresh pads applied. Dec. 20. A. C. shallow. Pupil medium. Horizon- tally oval. Dec. 23. A.C. shallow. Tinge of hyphema. Dec. 24. A.C. clear. Dec. 26. Eye quiet. Good A.C. Wound healed. Some capsule.			⅔ J 1
232 183	62	F	Good	Senile	Jan. 22	Right, iridectomy. Col- lapse of cornea.	Jan. 25. Eye quiet. Good A.C. Pupil wide. Jan. 31. Eye quite quiet. Feb. 1. Film of capsule in pupil.			½ J 1
234 275	67	M	Fair	Senile	Feb. 9	Right, iridectomy.	Feb. 12. Eye quiet. Good A.C. Pupil wide. Cap- sule.		Central choroiditis.	J 16

No and Reference in patient Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision
241 469	54	F	Good	Senile	Mar. 9	Right, iridectomy. Clear black pupil.	Mar. 12. Slight injection. A.C. shallow. Pupil medium. Mar. 18. General injection. Cornea clear. Pupil medium. Well marked iritis. April 2. Slight injection. Iris fair colour.			$\frac{1}{2}$ J 1
242 585	55	F	Good	Senile	April 2	Right, iridectomy.	April 5. Lids puffy. Slight injection. Good A.C. Pupil wide. April 11. Iritis. April 13. Eye quiet.			$\frac{1}{2}$ J 1
243 628	53	M	Good	Senile	April 9	Left, iridectomy.	April 12. Slight injection. Good A.C. Pupil wide. Capsule. April 16. Eye quiet. Capsule		I. P. Mar., 1909. Extraction R. & iridectomy.	$\frac{1}{2}$ J 1
244 635	66	F	Good	Senile	April 9	Left, iridectomy.	April 12. Eye quiet. Good A.C. Pupil wide. April 15. Trace hyphaema. April 16. Slight iritis. April 23. Eye quiet.		Same patient as No. 1059.	$\frac{1}{2}$ J 1
245 671	64	M	Good	Senile	April 16	Left, iridectomy.	April 19. Moderate injection. Good A.C. Pupil wide. Slight corneal haze. April 21. Slight iritis. Much capsule in pupil. April 23. Eye quiet.		I.P. Aug., 1909. Extraction R. & iridectomy R.V. = $\frac{1}{2}$ J 1.	$\frac{1}{2}$ J 1
246	50	F	Good	Senile	April 20	Left, iridectomy.	May 3. Slight injection.		Same patient as No. 1059.	$\frac{1}{2}$ J 1

246 705	50	F	Good	Senile	April 20	Left, iridectomy.	April 21. Slight iritis. Much capsule in pupil. April 28. Eye very quiet. May 3. Slight injection. Pupil wide. Good A.C. Capsule. May 6. Conjunctivitis. Brummer's shield. May 16. Eye very watery and injected. May 17. Corneal haze. Iritis. May 23. Eye quiet.	Same patient as No. 1461.	§ J 1
247 725	54	F	Good	Senile	April 27	Left, iridectomy. Attempt at simple extraction. Iris could not be replaced, owing to patient squeezing.	April 30. Slight injection. Good A.C. Pupil wide. May 3. Ciliary injection. Iritis well marked. May 12. Eye still irritable.		§ J 1
248 765	64	M	Good	Senile	May 3	Left, iridectomy. Some cortex removed, but impossible to remove all, patient squeezing.	May 7. Slight injection. Good A.C. Pupil wide. Slight haze of cornea. Iris a little discoloured. May 12. Cornea almost clear. May 16. Good deal of capsule. Eye quiet.	Same patient as No. 1284.	§ J 1
249 781	58	F	Good	Diabetic	May 7	Left, iridectomy. Clear black pupil.	May 10. Eye quiet. Good A.C. Pupil wide.		§ J 1
250 782	57	F	Fair	Diabetic	Sept. 1	Right, iridectomy.	Sept. 4. Eye quiet. Good A.C. Pupil wide. Much capsule. Sept. 6. Eye irritable. Sept. 12. Slight injection. Dense capsule filling upper half of pupil.	May 7, 1910. Preliminary iridectomy.	§ J 1
251 783	51	M	Good	Senile	May 13	Right, iridectomy. Clear black pupil.	May 16. Eye quiet. Good A.C. Pupil wide. Capsule. May 23. Eye quiet.	Nov. 5, 1910. Discussion R.	§ J 1
252 857	42	F	Good	Senile	June 18	Left, iridectomy.	June 22. Ciliary injection. Good A.C. Pupil wide. Capsule.	May 29. Left. Paracentesis and massage.	§ J 1

No. and Reference in patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
253 889	68	M	Fair	Senile	May 29	Right, iridectomy. Clear black pupil.	May 31. Eye quiet. Good A.C. Pupil wide.		Same patient as No. 1107. Choroiditis. Nystagmus.	$\frac{1}{16}$ J 1
254 1049	79	M	Good	Senile	June 11	Left, iridectomy.	May 13. Slight injection. Good A.C. Pupil wide. May 17. Iritis. Pupil wide.		Same patient as No. 438. Capsule. Refuses further operation.	J 16
255 1039	66	F	Good	Senile	July 2	Right, iridectomy. Some hæmorrhage from conjunctiva. Pupil black.	July 5. Slight injection. Good A.C. Pupil wide. July 7. Knocked eye. Hyphæma. July 8. Trace hyphæma. Iritis. July 15. Eye much quieter. July 19. Eye quiet.		Same patient as No. 635.	$\frac{1}{8}$ J 1
256 1093	64	F	Good	Senile	July 2	Right, iridectomy. Double nucleus in lens. Pupil black.	July 5. Eye quiet. Good A.C. Pupil wide. July 9. Ciliary injection. Iritis. July 15. Injection slight. Iris good colour.			$\frac{1}{8}$ J 1
257 1122	69	M	Good	Senile	July 9	Left, iridectomy. Clear black pupil.	July 12. Eye quiet. Good A.C. Pupil wide. Capsule. July 12. Slight injection.			$\frac{1}{8}$ J 1
258 1124	68	M	Good	Senile	July 9	Left, iridectomy. Collapse of cornea.	July 12. Eye quiet. No A.C.			$\frac{1}{8}$ J 1

No.	Sex	Age	Condition	Treatment	Remarks	Date	Remarks	Remarks	Remarks
258 1124	68	M	Good	Senile	July 9	Left, iridectomy. lapse of cornea.	Col.	July 12. Eye quiet. No A.C. July 14. Streaky corneal haze. Pupil medium. July 18. Moderate injection. Capsule. Good A.C. July 25. Eye quiet. No corneal haze.	§ J 1
259 1254	62	F	Good	Senile	Sept. 10	Right, iridectomy.		Sept. 13. Slight injection. Pupil wide. Good A.C.	§ J 1
260 1283	68	F	Fair	Senile	Aug. 12	Right, iridectomy.		Aug. 15. Moderate injection. Good A.C. Pupil wide. Some clot present. Haze of cornea. Aug. 18. Some clot in pupil. Aug. 23. Slight injection. A little capsule present.	§ J 1
261 1432	F	52	Good	Senile	Sept. 10	Right, iridectomy. Soft lens. Cortex massaged away.		Sept. 13. Slight injection. Good A.C. Pupil wide. Sept. 19. Eye quiet.	§ J 1
262 1433	65	M	Good	Senile	Sept. 14	Right, iridectomy.		Sept. 17. Slight injection. Good A.C. Pupil wide. Some capsule and a little blood clot above. Sept. 21. Slight injection. Iris a little discoloured. Sept. 23. Eye quiet.	§ J 1
263 1444	43	M	Good	Senile	Sept. 14	Left, iridectomy.		Sept. 17. Slight injection. Good A.C. Pupil wide. Some capsule. Sept. 21. Eye quiet.	Shadows. Disseminated choroidal atrophy. Large staph. post.

No. and Reference In-patient Report Book.	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
264 1445	61	F	Good	Senile	Sept. 14	Right, iridectomy.	Sept. 17. Eye quiet. Streaky haze of cornea. Pupil medium. Good A.C. Sept. 21. Cornea very hazy. Iritis. Sept. 22. Wound irregular. Lips not well opposed. Sept. 24. Cornea clear. Pupil wide. Sept. 27. Slight injection. Cornea hazy. Iritis.		I.P. April, 1909. Extraction L. & iridectomy. L.V. = $\frac{1}{3}$ J 1. R. Large staph. post. involving macula.	J 16
265 1459	64	F	Good	Senile	Sept. 14	Left.	Sept. 17. Eye quiet. Pupil wide. Central. Good A.C. Capsule. Sept. 23. Eye quiet. Pupil round.			$\frac{1}{12}$ J 1
266 1461	50	F	Good	Senile	Sept. 14	Right, iridectomy.	Sept. 17. Slight injection. Good A.C. Pupil wide. Capsule. Sept. 20. Eye very injected. Photophobia. Iritis. Sept. 24. Eye quieter. Iris better colour.		Same patient as No. 705.	$\frac{1}{8}$ J 1
267 1462	71	F	Good	Senile	Sept. 14	Right, iridectomy. Some hemorrhage into A.C.	Sept. 17. Lids puffy and red. Slight injection. Good A.C. Pupil wide. Sept. 18. Slight corneal haze. Sept. 20. Cornea clear.		I.P. Dec. 7, 1908. Extraction L. & iridectomy. L.V. = $\frac{1}{3}$ J 1.	$\frac{1}{8}$ J 1
268	68	M	Good	Senile	Sept. 26	Left, iridectomy.	Sept. 27. Eye quiet.	Dec. 17.		$\frac{1}{8}$ J 1
269	62	F	Good	Senile	Sept. 30	Left, iridectomy.	Oct. 2. Blood-stained cap-			$\frac{1}{8}$ J 1

Case No.	Sex	Age	Ref.	Sept. 25	Sept. 30	Sept. 27	Sept. 28	Sept. 29	Sept. 30	Sept. 31	Sept. 17	Sept. 18
269 1551	F	62	Good	Senile	Sept. 30	Left, iridectomy.	Sept. 27. Eye quiet.	Oct. 2. Blood-stained capsule. Slight chemosis below. Good A.C. Iris good colour.	Oct. 10. Hyphema still present.	Oct. 11. Eye quiet. A.C. clear.	Oct. 20. Patient has a trace of hyphema at intervals. Eye keeps quiet.	Oct. 2. Eye quiet. Good A.C. Pupil wide.
270 1552	F	74	Good	Senile	Sept. 29	Right, iridectomy.	Oct. 2. Eye quiet. Good A.C. Pupil wide.	Oct. 9. Some hyphema.	Oct. 13. Iritis. Pupil wide.	Intense injection.	Oct. 19. Eye quieter. Iris good colour.	Oct. 25. Eye quite quiet.
271 1588	F	61	Good	Senile	Oct. 7	Right, iridectomy. Free hemorrhage into A.C.	Oct. 10. Moderate injection. Pupil wide. Good A.C. Capsule in coloboma.	Oct. 14. Ciliary injection. Pupil wide.	Oct. 17. Eye almost quiet.	Oct. 17. Eye quiet. Good A.C. Pupil wide. Patient restless and rambles in her talk.	Oct. 21. Eye quiet. Patient well.	Oct. 10. Moderate injection. Pupil wide. Good A.C. Capsule in coloboma.
272 1593	F	60	Good	Senile	Oct. 14	Left, iridectomy. Pupil clear.	Oct. 17. Eye quiet. Good A.C. Pupil wide. Patient restless and rambles in her talk.	Oct. 21. Eye quiet. Patient well.	June 16, 1906. Extraction L. & iridectomy. L.V. = J 1.	Nov. 5. Iridectomy Prolapse removed.	Nov. 4. Slight injection. Prolapse of iris.	Nov. 6. Good A.C. Pupil medium.
273 1612	M	53	Good	Senile	Nov. 1	Left, pupil central.	Nov. 7. Slight iritis.	Nov. 9. Cornea clear. Eye quieter.	Nov. 14. Eye quiet.	Nov. 5. Iridectomy Prolapse removed.	Nov. 4. Slight injection. Prolapse of iris.	Nov. 6. Good A.C. Pupil medium.

No and Reference of Patient	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
274 1628	61	M	Good	Senile	Oct. 21	Right, iridectomy. Eye very soft.	Oct. 25. Slight injection. Good A.C. Pupil fairly wide. Film of capsule. Nov. 3. Eye quiet.		Preliminary iridectomy & massage. Dec. 6, 1909.	½ J 1
275 1632	58	F	Good	Senile	Oct. 21	Left, iridectomy.	Oct. 25. Slight injection. Good A.C. Pupil wide. Film of capsule. Oct. 27. Injection slight.			½ J 1
276 1725	65	F	Good	Diabetic	Nov. 25	Right, iridectomy. Some difficulty in expression of lens.	Nov. 20. Eye quiet. Good A.C. Pupil wide. Dec. 6. Conjunctivitis. Pupil wide. Wound healed.			½ J 1
277 1727	67	F	Good	Diabetic	Nov. 12	Right, iridectomy. Free hemorrhage into A.C.	Nov. 15. Moderate injection. Good A.C. Pupil wide. Some clot and capsule. Nov. 19. Eye quiet.		Central choroiditis.	⅓ J 1
278 1729	60	M	Good	Senile	Nov. 5	Right, iridectomy.	Nov. 8. Very shallow A.C. Pupil wide. Film of capsule. Nov. 11. Eye quiet.			½ J 1
279 1763	81	M	Good	Senile	Nov. 12	Right, iridectomy. Patient somewhat badly	Nov. 16. Moderate injection. Good A.C. Pupil		Jan. 23, 1911. Dis- cussion	⅓ J 1

No and Reference	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
283 185	68	F	Good	Senile	April 8	Right, iridectomy. Much cortex massaged away.	April 11. Slight injection. Good A.C. Pupil wide. April 19. Eye quiet.		Jan. 25, 1910. Preliminary iridectomy & massage. Right. Same patient as No. 1258. Choroidal atrophy.	J 1
284 255	71	F	Fair	Senile	Feb. 4	Right, iridectomy. Clear black pupil.	Feb. 7. Eye quiet. Good A.C. Pupil wide. Cortex. Feb. 15. Eye quiet. Much cortex in pupil.		Feb. 21. Dissection. R. Same patient as No. 1041. Central choroidal changes.	$\frac{5}{24}$ J 1
285 256	73	F	Good	Senile	Feb. 4	Right, iridectomy. Clear black pupil.	Feb. 7. Slight injection. Streaky corneal haze. Good A.C. Pupil wide. Feb. 10. Eye quiet. Slight corneal haze.		Large staphyloma posticus. Choroidal atrophy. Same patient as No. 570.	P. L.
286 266	48	M	Good	Senile	Feb. 10	Right, iridectomy. Anterior capsule removed with capsule forceps. Clear black pupil.	Feb. 13. Eye quiet. Corneal haze. Good A.C. Pupil wide. Feb. 16. Eye irritable. Feb. 18. Chlary injection. Slight corneal haze. No iritis. Feb. 22. Cornea clear. Eye almost quiet. Feb. 23. Eye quiet.	Mar. 7. Dissection. R.	Same patient as No. 1260.	$\frac{1}{2}$ J 1
288 369	49	F	Good	Senile	Jan. 10	Left, iridectomy. Clear black pupil.	Jan. 13. Slight injection. Good A.C. Pupil wide.			J 1

288 369	49	F	Good	Senile	Jan. 10	Left, iridectomy. Clear black pupil.	<p>almost quiet. Feb. 23. Eye quiet.</p> <p>Jan. 13. Slight injection. Good A.C. Pupil wide. Iris discoloured.</p> <p>Feb. 15. Iris better colour. Moderate injection.</p> <p>Feb. 22. Eye quiet. Syn. post. below.</p>	Feb. 20. Discussion. I.		§ J 1
289 383	64	F	Good	Senile	Jan. 10	Right, iridectomy. Patient squeezed and lens was spooned out. Much vitreous lost.	<p>Jan. 13. Eye quiet. Good A.C. Pupil wide.</p> <p>Jan. 19. Eye quiet. Wound healed. Outer pillar of iris in wound.</p> <p>Feb. 1. Eye quite quiet.</p>		Nov. 9, 1909. Preliminary iridectomy. Separation of retina.	P.L.
290 457	71	F	Good	Senile	April 22	Right, iridectomy. Counter puncture sclera. Capsule ruptured at commencement of expression. Lens spooned out. No vitreous lost.	<p>April 25. Slight injection. Good A.C. Pupil wide. Bead of clear vitreous in wound.</p> <p>April 27. Streaky corneal haze. Iris discoloured.</p> <p>May 3. Fresh bead of vitreous at inner side of wound.</p> <p>May 11. Slight injection. Corneal haze. Vitreous still in wound. Pupil wide.</p> <p>May 16. Cornea clear. Wound healed.</p>		Mar. 8, 1910. Preliminary iridectomy & massage. Same patient as No. 1490.	§ J 1
291 481	59	M	Good	Senile	Mar. 11	Left, iridectomy.	<p>Mar. 14. Slight injection. Good A.C. Pupil medium. Iritis. Synchia post. below.</p> <p>Mar. 21. Slight injection. Entropion lower lid. Pupil medium. Iris good colour.</p> <p>Mar. 24. Eye quiet.</p>			§ J 1

No. and Reference	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
292 483	51	F	Good	Senile	Mar. 14	Right. Conjunctival flap. Pupil round.	Mar. 14. 4 p.m. Pupil small and central. Eserine instilled. Mar. 18. Slight injection. Good A.C. Pupil round and medium. Capsule. Mar. 22. Iritis. Mar. 29. Slight injection. Iris good colour. Pupil medium.			§ J 1
293 519	72	M	Good	Senile	June 3	Right, iridectomy.	June 6. Eye quiet. Slight haze of cornea. Pupil wide. Good A.C. June 7. Conjunctival flap chemotic. June 11. Wound bulging slightly. June 22. Eye quiet. Wound flattening.		April 1, 1910. Preliminary iridectomy. Nov. 10, 1909. Extraction L. iridectomy. L.V. § J 1.	§ J 1
294 583	78	F	Good	Senile	April 8	Left, iridectomy.	April 11. Slight injection. Good A.C. Pupil wide. * Much cortex in pupil. April 14. Slight corneal haze. Iritis. April 19. Iritis well marked. April 29. Eye still very injected. Slight corneal haze. Pupil wide. April 26. Eye quiet. Good A.C. Pupil wide.	Oct. 27, 1910. Discission. L. Tough capsule cut through with Laser's		§ J 1
295 600	64	M	Good	Senile	April 22	Right, iridectomy. Clear black pupil.			April 10, 1910. Preliminary iridectomy.	§ J 1

230 600	04	M	Good	Senile	April 22	Right, iridectomy. Clear black pupil.	<p>April 10, 1910. Preliminary iridectomy & massage. Patient is colour blind. Smokes 3 ounces per week. Diso pale.</p> <p>May 2. Capsule below. Pupil clear above.</p>	<p>with lenses.</p> <p>July 1, 1910. Discussion. R.</p>	34 J 1
296 665	69	M	Bronchitic	Senile	April 15	Right. Pupil central. No cortex present.	<p>April 18. Eye quiet. Good A.C. Pupil wide. Except for one synechia on outer side.</p> <p>April 22. Slight iritis.</p> <p>April 30. Eye quiet. Pupil wide. Film of capsule.</p>	<p>May 3, 1910. Discussion. R.</p> <p>June 24, 1910. Discussion. R.</p>	33 J 1
297 772	46	M	Good	Senile	May 6	Left, iridectomy. Clear black pupil.	<p>May 9. Slight injection. Good A.C. Pupil wide.</p> <p>May 10. A.C. deep. Iritis.</p> <p>May 14. Conjunctival flap chemotic.</p> <p>May 21. Eye quiet.</p>	Vitreous opacities.	16 J 1
298 870	56	F	Good	Senile	May 27	Right, iridectomy.	<p>May 30. Slight injection. Good A.C. Pupil wide. Capsule.</p> <p>June 4. Iritis.</p> <p>June 8. Iris good colour.</p>		43 J 1
299 880	58	F	Good	Senile	June 3	Right, iridectomy. Clear black pupil. Brown lens.	<p>June 6. Slight injection. Much conjunctival discharge. Good A.C. Pupil wide. One synechia posterior below.</p> <p>June 11. Eye almost clear. Pupil wide. A little capsule.</p>		3 J 1

No and Reference In-patient Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Operations.	Remarks.	Vision.
300 1041	71	F	Fair	Senile	June 24	Left, iridectomy.	<p>June 26. Some injection. Pupil medium. Good A.C.</p> <p>June 27. Iritis.</p> <p>July 7. Slight injection. Cornea clear. Pupil wide. Iris good colour.</p> <p>July 18. Eye quiet.</p>		Same patient as No. 255. Disc pale. Central choroidal changes.	$\frac{2}{24}$ J 1
302 1155	71	M	Good	Senile	July 19	Right, iridectomy. Lens dislocated in rupturing capsule. Very great collapse of cornea.	<p>July 22. Slight injection. Good A.C. Pupil wide. Capsule.</p> <p>July 26. Slight injection. Aug. 1. Eye quiet.</p>			$\frac{2}{2}$ J 1
303 1503	63	M	Good	Senile	Sept. 23	Left, iridectomy. Clear pupil.	<p>Sept. 26. Eye quiet. Good A.C. Pupil wide. Film of capsule.</p>		July 25, 1910. Preliminary iridectomy & massage.	$\frac{2}{2}$ J 1
304 1505	52	M	Bronchitic	Senile	Oct. 14	Right, iridectomy.	<p>Oct. 17. Eye quiet. Good A.C. Pupil wide.</p> <p>Oct. 18. Eye quiet. Film of capsule.</p>			$\frac{2}{13}$ J 1
305 1547	74	M	Good	Senile	Oct. 7	Left, iridectomy.	<p>Oct. 10. Slight injection. Pupil wide. Good A.C.</p> <p>Oct. 10. Vertical scarred.</p> <p>Oct. 10. Conjunctivitis.</p> <p>Slight injection. Pupil wide. Good A.C. Much</p>		Mentally weak.	$\frac{2}{2}$ J 1
1567										

Dec. 10, 1910. Discussion.

305 1547 1567	74	M	Good	Senile	Oct.	7	Left, iridectomy.	Oct. 10. Slight injection. Pupil wide. Good A.C. Much capsule. Oct. 11. Corneal haziness. Slight injection. Pupil wide. Good A.C. Much capsule. Oct. 13. Slight iritis. Large mass of cortex in pupil. Oct. 20. Eye very injected. Cornea clear. Pupil wide. Iris discoloured. Oct. 25. Eye quiet.	Dec. 10, 1910. Dissection. L. Mar., 1911. Dissection. L.	J 6	Mentally weak.
307 1586	71	F	Good	Senile	Oct.	7	Right, iridectomy.	Oct. 10. Slight injection. Good A.C. Pupil wide. Oct. 13. Slight corneal haze. Iris fair colour. Oct. 22. Eye quietening. Cornea clear. Oct. 29. Eye quiet.	Media clear. Large staph. post.	J 6	
308 1587	60	F	Good	Senile	Dec.	9	Left, iridectomy. Pupil clear.	Dec. 12. Slight injection. Pupil wide. Good A.C. Dec. 13. Slight corneal haze. Dec. 16. Iritis. Dec. 20. Iris still discoloured. Pupil wide. Dec. 22. Eye quietening. Dec. 31. Eye quiet.	I.P. Sheffield Hosp'l 5 years ago. Ext. Right & iridectomy by Mr. Snell. R.V. = $\frac{8}{8}$ J 1. Oct. 6, 1910. Preliminary iridectomy & massage. Left.	$\frac{8}{8}$ J 1	
309 1792	50	F	Good	Senile	Nov. 21	Right, iridectomy.	Nov. 24. Eye quiet. Good A.C. Pupil wide. Nov. 27. Eye quiet. Film of capsule.	Nov. 24. Eye quiet. Good A.C. Pupil wide. Haze of cornea. Nov. 27. Iris little discoloured. Dec. 8. Eye quiet.	Mar., 1911. Dissection. Right.	$\frac{8}{8}$ J 1	
310 1794	65	M	Fair	Diabetic	Nov. 21	Right, iridectomy.	Nov. 24. Slight injection. Good A.C. Pupil wide. Haze of cornea. Nov. 27. Iris little discoloured. Dec. 8. Eye quiet.	Nov. 24. Slight injection. Good A.C. Pupil wide. Haze of cornea. Nov. 27. Iris little discoloured. Dec. 8. Eye quiet.		$\frac{8}{8}$ J 1	

No. and Reference Report Book	Age.	Sex.	General State of Health.	Nature of Cataract.	Date of Operation.	Incidents during Operation.	Incidents during Healing.	Secondary Opera- tions.	Remarks.	Vision
311 1258	68	F	Good	Senile	Aug. 5	Left, iridectomy.	Aug. 8. Slight injection. Good A.C. Pupil wide. Iris little discoloured. Aug. 13. Eye a little irri- table. Aug. 29. Eye quiet.		June 9, 1910. Pre- liminary iridec- tomy. Disseminated cho- roidal atrophy. Macular region involved. Same patient as No. 185.	J 1
312 1264	64	F	Good	Senile	Aug. 5	Right, iridectomy.	Aug. 8. Slight injection. Good A.C. Pupil wide. Faint haze of cornea above. Aug. 16. Pupil wide and black.			½ J 1
313 1294	78	F	Good	Senile	Aug. 12	Right, iridectomy.	Aug. 15. Eye quiet. Good A.C. Pupil wide and black. Aug. 20. Eye quite quiet.			½ J 1
314 1467	78	M	Good	Senile	Sept. 19	Left, iridectomy.	Sept. 20. Pads dirty. A.C. not formed. Sept. 22. No A.C. Pupil wide. Sept. 26. Very shallow A.C. Pupil wide. Sept. 29. Good A.C. Eye quiet. Pupil wide.		Disseminated cho- roidal atrophy.	½ J 10
315 1468	64	M	Fair	Senile	Sept. 19	Right, iridectomy.	Sept. 22. Slight injection. Good A.C. Pupil wide. Sept. 29. Eye quiet.			½ J 1
316 1601	68	F	Good	Diabetic	Sept. 29	Right, iridectomy.	Oct. 2. Eye quiet. Good A.C. Pupil wide.		Diabetic retinitis.	J 16

315 1468	64	M	Fair	Senile	Sept. 19	Right, iridectomy.	Sept. 22. Slight injection. Good A.C. Pupil wide. Oct. 2. Eye quiet. Good A.C. Pupil wide. Oct. 4. Eye painful. Iritis. Oct. 10. Iritis much less. Pupil wide. Oct. 20. Eye quiet.	Diabetic retinitis.	J 16
316 1501	68	F	Good	Diabetic	Sept. 29	Right, iridectomy.			
317 1502	50	M	Good	Senile	Sept. 22	Left, iridectomy.	Sept. 26. Slight injection. Good A.C. Pupil wide. Sept. 27. Injection in- creased. Cornea hazy. Iritis. Sept. 28. Intense injection. Cornea very hazy. Trace hypopyon. Pupil wide. Sept. 29. Hypopyon in- creased. Very deep A.C. Oct. 5. No hypopyon. Cornea clearer. Iris better colour. Oct. 11. Intense injection. Cornea clear. Marked iritis. Pupil full of lymph. Oct. 15. Enucleation.	July 15, 1910. Pre- liminary iridec- tomy. L. I.P. Nov., 1907. Ex- traction R. & iri- dectomy. R.V.= J 1	Lost.

From the foregoing list it will be seen there were 317 Extractions performed upon 295 patients (139 Males and 156 Females); both lenses were extracted in 21 cases, but never at the same sitting.

The following is a short summary of the results:—

I.—The operation was successful and the resulting vision good ($\frac{20}{40}$ J 16 to $\frac{20}{8}$ J 1) in	263 cases
II.—The operation was partially successful, and the sight may be improved in	8 "
Nos. 112, 117, 132, 200, 221, 223, 224, 254.	
III.—The operation was successful, but the vision was defective from diseased state of the eye before operation, in	15 "
Nos. 30, 32, 33, 61, 104, 165, 180, 188, 216, 229, 234, 263, 264, 287, 136.	
IV.—The eye was lost in	12 "
From Irido-cyclitis in Nos. 35, 102, 110, 111, 114, 146, 171, 189, 207, 317. From detachment of retina in Nos. 107, 289.	
V.—Vision not recorded in	13 "
Nos. 29, 45, 50, 55, 87, 101, 130, 135, 147, 151, 154, 164, 166, 280.	
Total	317 cases

In 263 cases the operation performed was Von Graefe's modified linear method the incision purely corneal, points of entrance and exit in the corneoscleral junction and in every case the section was above. In 28 cases a conjunctival flap was made

Nos. 35, 64, 83, 121, 124, 173, 175, 176, 178, 179, 181, 183, 184, 190, 192, 196, 198, 206, 207, 209, 211, 212, 213, 216, 225, 223, 230.

In 26 cases the operation was performed without an iridectomy, the section being above. In 14 of these cases a conjunctival flap was made.

Nos. 187, 195, 197, 199, 200, 201, 202, 204, 214, 217, 221, 223, 229, 292

The following preliminary operations had been performed:—

Förster's operation for ripening the lens in 30 cases.

Nos. 3, 14, 15, 29, 39, 62, 80, 104, 108, 112, 115, 123, 129, 135, 136, 147, 148, 153, 168, 203, 249, 274, 283, 289, 290, 293, 295, 303, 317.

A 4 per cent. solution of hydro-chlorate of cocaine prepared with a saturated solution of boric acid, was the anæsthetic employed in all cases except two, and in no case can any ill result be attached to it.

In No. 36 the anæsthetic was chloroform, and in No. 40 A.C.E. was employed.

In 281 cases lotio hydrargyri perchloridi (1 in 5,000) was the antiseptic employed.

In 36 cases distilled water alone was used, Nos. 282-317 inclusive.

Loss of vitreous occurred in 19 cases, Nos. 3, 12, 38, 102, 103, 107, 111, 117, 126, 133, 141, 143, 145, 146, 147, 181, 216, 289.

"Collapse of cornea" was noted 15 times, Nos. 21, 106, 120, 149, 154, 177, 184, 221, 225, 230, 232, 240, 258, 302.

During recovery iritis was noted in 83 cases, Nos. 2, 5, 7, 9, 10, 11, 13, 18, 18, 19, 22, 23, 31, 33, 40, 42, 45, 46, 50, 58, 66, 68, 70, 76, 78, 79, 85, 87, 98, 99, 102, 104, 111, 113, 114, 123, 127, 128, 129, 131, 139, 146, 150, 154, 157, 160, 170, 171, 175, 194, 199, 203, 208, 209, 213, 216, 236, 242, 244, 245, 246, 247, 264, 270, 273, 282, 288, 290, 291, 296, 297, 298, 300, 306, 308, 310, 315, 317.

The spoon was employed in 13 cases, Nos. 12, 22, 102, 103, 112, 117, 138, 146, 147, 181, 289, 290.

In every case the urine was carefully examined, and in 22 patients there was glycosuria. Of these all gave good results, except No. 221 (due to traumatism). Nos. 1, 19, 20, 22, 26, 31, 46, 121, 122, 144, 156, 178, 199, 200, 202, 221, 250, 276, 277, 310, 316.

Prolapse of the iris was noted on 3 occasions in extractions without iridectomy. Nos. 215, 221, and 273.

The following secondary operations were performed:—

Discission	59 times.
Snipping off Prolapsed Iris	3 „
Enucleation	3 „
Iridectomy	6 „
Evisceration	1 „

PURULENT CONJUNCTIVITIS IN INFANTS.

Out of a total of 282 cases of “Ophthalmia neonatorum,” 47 cases were noted in which one or both corneae were affected on admission.

I.—*One cornea affected in* 25 cases.

Perforation in	3 cases.
Ulcer in	3 „
Hazy in	19 „
	<hr/> 25 cases.

II.—*Both cornea affected in* 22 cases.

Both eyes ulcerated in	2 cases.
Both eyes hazy in	18 „
Both eyes perforated in	2 „
	<hr/> 22 cases.

SHUTTLE ACCIDENTS.

There was one of these accidents, compared with one in the previous year. In this the globe was ruptured.

REFRACTION DEPARTMENT.

15,400 patients were tested and ordered suitable spectacles, 4,300 of these being cylindrical glasses.

T. M. BRIDE, M.D.,

Senior House Surgeon.

HARRY V. WHITE, M.B., Ch.B.,

Second House Surgeon.

DOUGLAS RODGER, M.B., Ch.B.,

Junior House Surgeon.

V.—TRADES AND CALLINGS OF THE PATIENTS ADMITTED IN 1910.

[To the names of the married females, and of all juvenile patients when admitted, themselves follow no occupation, that of the husband or parent respectively is entered.]

Agents, Collectors, and Travellers	342
Artists, Designers, and Draughtsmen	37
Bag and Box Makers	76
Bakers and Confectioners	158
Boatmen and Sailors	69
Boilermen and Engine Attendants	75
Bricklayers and Slaters	88
Brush and Basket Makers	32
Butchers	98
Calico Printers, Bleachers, Dyers, and Finishers	95
Capmakers	187
Carters, Cabmen, Coachmen, Grooms, Ostlers, and Nippers	1005
Clerks, Cashiers, Storekeepers, and Timekeepers	1119
Coach and Wagon Builders and Wheelwrights	71
Coopers	12
Dress and Mantle Makers	211
Electricians	103
Engravers and Stampmakers	71
Farmers and Farm Labourers	110
Frenchpolishers and Upholsterers	88
Fustiancutters	7
Gardeners	116
Glassworkers	47
Hairdressers	46
Hatters and Hat Trimmers	170
Hawkers	299
Joiners and Cabinet Makers	548
Labourers	7085
Lodging-house keepers	105
Masons	100
Metal Workers, Machinists, &c.	7637
Mill Employés	1620
Milliners	64
Miners and Quarrymen	649
Ministers, Missionaries, and Students	65
Nurses and Midwives	69
Office and Errand Boys (and Girls)	101
Painters, Paperhangers, and Sign-writers	411
Packing-case Makers	37

Paupers	1
Paviors, Asphalters, and Navvies	1
Plasterers	1
Plumbers, Bellhangers, and Glaziers	1
Policemen, Postmen, Soldiers, and Commissionaires	2
Printers, Bookbinders, Paper-rulers, and Pattern card Makers	2
Publicans, Waiters, Waitresses, and Hotel Employés	1
Railway Servants	1
Saltboilers and Miners	1
Sawyers	1
Scholars	1
Seamstresses, Shirtmakers, and Embroiderers	1
Servants (Domestics), Charwomen and Laundresses	1
Shopkeepers and Dealers and their Assistants	1
Shoemakers and Cloggers	1
Slippermakers	1
Tailors and Tailoresses	1
Teachers and Governesses	1
Telegraphists, Telephonists, and Typists	1
Theatrical Employés, Musicians, and Vocalists	1
Tram Drivers and Guards	1
Umbrella and Stick Makers	1
Warehousemen, Hoistmen, Makers-up, and Packers	1
Waterproofers and India-rubber Workers	1
Woodcarvers and Turners	1
No Occupation	1
Widows	1
Orphans	1
Housewives	1
Sundry Occupations and Professions	1
Total	34,818

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VI.—RESIDENCES OF IN-PATIENTS ADMITTED IN 1910.

MANCHESTER and SALFORD1007	Eccles	12	Patricroft	7
			Pendlebury.....	14
			Preston	9
			Prestwich	2
Accrington	Failsworth	15		
Alderley Edge	Fairfield	1	Radcliffe	15
Altrincham & Bowdon	Farnworth	5	Ramsbottom	7
Ashton-in-Makerfield	Fleetwood	8	Rawtenstall	7
Ashton-on-Mersey	Flixton	4	Reddish	6
Ashton-under-Lyne			Rhodes	3
Astley	Glossop	12	Rochdale	3
Atherton	Grange	2	Runcorn	4
Audenshaw.....	Guide Bridge.....	2		
			Sale	9
Bacup	Hadfield	5	Sandbach	5
Barrow-in-Furness	Haslingden	6	Shawforth	1
Blackburn	Hayfield	1	Southport	4
Blackpool	Heywood	7	Stacksteads	2
Blackrod	Hollinwood	11	Staffordshire	4
Bollington	Horwich	8	Stalybridge.....	15
Bolton	Huddersfield	8	St. Helens	3
Boothstown	Hyde	27	Stockport	68
Bredbury			Stoke-on-Trent	7
Broadbottom			Stoneclough	3
Burnley	Kendal	5	Stretford.....	10
Bury	Knutsford	7	Swinton	8
Buxton				
	Lancaster	11	Todmorden.....	16
Cadishead	Leek	1	Tottington	2
Carnforth	Leigh	29	Tyldesley	13
Castleton	Linden	1		
Cheadle	Littleborough.....	2	Ulverston	7
Chelford	Lymm	2	Urmston	1
Cheshire				
Chorley	Macclesfield	21	Wales	14
Cleethorpes.....	Marple.....	4	Walkden	5
Clifton	Middleton	12	Warrington.....	21
Clitheroe	Middlewich	7	Waterfoot	3
Congleton	Mossley	10	Wednesbury	1
Crewe	Mottram	3	Westmorland	3
Cumberland			Whaley Bridge	8
	Nantwich	6	Whitefield	1
Dalton-in-Furness	Newchurch	6	Widnes	2
Darwen	New Mills	4	Wigan	4
Denton and Haughton	Newton-le-Willows	6	Winsford.....	1
Derbyshire	Northwich	26	Woodley	5
Devon			Worsley	2
Droylsden				
Dukinfield	Oldham	51	Yorkshire	3
	Oswaldtwistle	1		
			Total	1,987

VII.—RESIDENCES OF PATIENTS ADMITTED IN 1911

MANCHESTER and
SALFORD 25,958

Accrington	20
Adlington	4
Alderley Edge	27
Aldershot	1
Altrincham & Bowdon ..	167
Ambleside	4
Ashton-under-Lyne ..	356
Ashton-on-Mersey ..	40
Askham-in-Furness ..	5
Astley	20
Atherton	116
Audenshaw	25

Bacup	29
Barrow-in-Furness ..	147
Barton-on-Irwell ..	25
Birkenhead	2
Birmingham	2
Blackburn	69
Blackpool	47
Blackrod	4
Bollington	20
Bolton	90
Boothstown	32
Bredbury	24
Broadbottom	16
Burnley	34
Bury	89
Buxton	55

Cadishead	23
Carnforth	6
Castleton	10
Cheadle	45
Cheadle Hulme	8
Chelford	7
Cheshire	94
Chorley	94
Clayton-le-Moors ..	1
Clifton	18
Clitheroe	11
Colne	2
Congleton	38
Crawshawbooth ..	2

Crewe	176
Cumberland	60

Dalton-in-Furness ..	42
Darwen	25
Denton and Haughton ..	124
Derbyshire	83
Devonshire	4
Disley	11
Dukinfield	115
Durham	6

Earlestown	10
Eccles	190

Fairfield	7
Farnworth	35
Fleetwood	29
Flixton	30

Glossop	35
Gloucester	1
Godley	14
Golborne	1
Golcar	1
Grange	5
Guide Bridge	14

Hadfield	23
Handforth	7
Haslingden	23
Hayfield	13
Hazel Grove	31
Helmshore	3
Heywood	71
Hindley Green	9
Hollingworth	13
Holmes Chapel	5
Horwich	63
Huddersfield	28
Hyde	262

Ireland	
Irlam	
Irlams-o'-th'-Height ..	

Kersley	
Kirkby-in-Furness ..	
Kirkham	
Knutsford	

Lancaster	
Leek	
Leicester	
Leigh	
Leyland	
Lincolnshire	
Littleborough	
Liverpool	
London	
Lymm	
Lytham	

Market Drayton ..	
Marple	
Macclesfield	
Middleton	
Middlewich	
Morecambe	
Mossley	
Mottram	

Nantwich	
Nelson	
Newchurch	
New Mills	
Newton-le-Willows ..	
Northenden	
Northwich	
Nottingham	

Oldham	
Oswaldtwistle	

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RESIDENCES OF PATIENTS.—*Continued.*

Patricroft	273	Shawforth	2	Warrington	127
Preston	30	Shropshire	1	Waterfoot	12
Prestwich	54	Southport	11	Westhoughton	12
		Stacksteads	13	Westmorland	6
		Staffordshire	31	Whitefield	70
		Stalybridge	105	Widnes	8
		Stockport	941	Wigan	19
Radeliffe	65	Sussex	1	Wilmslow	24
Ramsbottom	29	Stoneclough	13	Windermere	10
Rawtenstall	36	Stretford	223	Winsford	40
Reddish	227	Swinton	160	Woodley	9
Rhodes	27			Worcester	1
Rochdale	58	Timperley	35	Worsley	33
Runcorn	3	Todmorden	31		
Romiley	31	Tyldesley	163		
				Yarmouth	1
Saddleworth	21	Ulverston	21	Yorkshire	36
St. Annes-on-Sea	4	Urmston	77		
St. Helens	6				
Sale	155				
Sandbach	47	Wales	38		
Scotland	3	Walkden	58		
				Total	34,842



GENERAL NOTICES.

FORM OF A BEQUEST TO THE CHARITY.

Any person inclined to contribute by last Will to the support of this Charity is desired to do it in the following manner, and from a defect in the form, the Hospital may be deprived of the intended bequest.

Item.—*I give and bequeath unto the Treasurer for the time being of a charity called the MANCHESTER ROYAL EYE HOSPITAL, OXFORD ROAD, the sum of £ to be applied towards carrying on the benevolent designs of the said Charity.*

N.B.—Since the passing of the Mortmain and Charitable Uses Act, 1891, the above Form of Bequest is sufficient, and a gift by Will to this Charity may be made of land, which, however, must be sold within one year from the death of the testator, or such extended period as may be determined in accordance with the Act.

Mr. W. S. PROPHET, Secretary and Collector at the Manchester Royal Eye Hospital, Oxford Road, Manchester, is authorised to receive any contribution, either Annual Subscription or Donation, and furnish Trustees with blank forms of recommendation.

The Surgeons in ordinary attend at the Hospital as follows :—

DR. A. EMRYS-JONES, on Tuesday and Friday	} At Oxford Road
DR. A. HILL GRIFFITH, on Wednesday and Saturday	
DR. CLEGG, on Monday and Thursday	} 9-0 to 10-30 a.m.
DR. McNABB, on Monday, Wednesday, and Friday	} At St. John Street
DR. WHARTON, on Tuesday, Thursday, and Saturday	
	} 9-0 to 11 a.m.

Accidents are treated at Oxford Road at any hour.

TRUSTEES AND SUBSCRIBERS

OF THE

Manchester Royal Eye Hospital

FOR THE YEAR 1910.

If any Subscriber's or Donor's name, title, residence, or contribution be here misstated or omitted, it is requested that notice thereof be forwarded to the Secretary, in order that the error may be rectified in the next report.

Parties subscribing annually £1. 1s. and upwards are TRUSTEES—i.e., entitled to vote and recommend OUT-DOOR PATIENTS.—See Rule II.

** Denotes subscribers of £3. 3s. and upwards, who, in addition, are entitled to recommend IN-DOOR PATIENTS.—See Rule V.*

MANCHESTER, SALFORD AND SUBURBS.

	£	s.	d.
Affleck & Brown, Messrs. Oldham Street	1	1	0
*Agnew, Messrs. Thomas, & Son. Exchange Street	3	3	0
*Agnew, Messrs. J. H., & Brother 5, Mount Street	3	3	0
Agnew, Mr. Harold. 29, Booth Street	2	2	0
*Aitkin, Mrs. Thomas. Ashfield, Fallowfield	3	3	0
Albrecht, Messrs. S., & Co. 55, Whitworth Street	2	2	0
Altrincham ("Earl of Stamford" Lodge) Oddfellows	1	1	0
*Amalgamated Society of Engineers Machinists, Millwrights, Smiths, and Pattern Makers. (See page 107.)			
Armitage, Mrs. S. Chaseley House, Pendleton	1	1	0
*Armitage, Messrs. S. F., & Sons. 9, Palace Street	3	3	0
Armitage & Rigbys, Messrs. 95, Portland Street	2	2	0
*Armstrong, Sir W. G., Whitworth, & Co., Ltd., Openshaw	5	5	0
*Arning & Co. 54, Bloom Street	3	3	0
*Ashton Brothers & Co., Ltd., Messrs. 29, Portland Street	5	0	0
Ashworth, Hadwen, & Co., Ltd., Messrs. 3, Charlotte Street	1	1	0
Ashworth, Mosley, & Co. 104, King Street	1	1	0
Ashworth, Mr. W. 104, King Street	2	2	0
Ashworth, Mrs. E. Harefield, Grey Road, Altrincham	1	1	0
Aspell Brothers, Messrs. Marsden Square	1	1	0
Atkinson, Mrs. Asheton Lynthorpe, Altrincham	1	1	0
Ayrton, Messrs. W., & Co. Longsight	1	1	0
*Bannerman, Messrs. H., & Sons, Ltd. 33, York Street	3	3	0
*Barbour, Messrs. R., & Brother. Whitworth Street	3	3	0
Barclay, Messrs. R., & Co. Dickinson Street	1	1	0
*Barclay, Mr. R. Noton. 1, Dickinson Street	5	0	0
*Barlow & Jones, Ltd. Portland Street	3	3	0
*Barnes, Messrs. T., & Co. Newton Street	1	1	0

Beatty, Altgeldt, & Co., Messrs.....	52, Sackville Street	1 1	
Beatty Bros.	Oldham Street	2 2	D
Beer, Messrs. A., Son, & Simon	Whitworth Street	1 1	D
*Behrens, The Brothers (Messrs. S. L. Behrens & Co.), Oxford Street		4 4	*I
Behrens, Sir Jacob, & Sons	36, Princess Street	2 2	D
Behrens, Mr. Louis	131, Portland Street	0 10	E
Beith, Stevenson, & Co., Messrs.	14, Bridge Street	1 1	E
Bellhouse, Messrs. John & William.....	City Road	1 1	E
*Beyer, Peacock, & Co., Ltd., Messrs. (1902)	Gorton	3 3	E
Bibbington, Mr. Samuel	Upper Stanley Street	2 2	F
Bishop, Lord, of Manchester		1 1	F
Blacklock, Messrs. H., & Co., Ltd.	Albert Square	1 1	F
*Blackley Co-operative Society.....		6 6	F
Bles, Messrs. S. D., & Sons	30, Chorlton Street	1 1	*F
Boddington's Breweries	Strangeways	1 1	F
*Boiler Makers and Iron Ship Builders' Society		3 3	F
*Bradford Colliery Co., Ltd.....		5 5	F
*Bradford Colliery Hospital and Charity Fund		6 17	
*British Westinghouse Co., Ltd.		10 10	G
Brooks & Doxey, Union Iron Works	Gorton	2 2	*G
Broughton Copper Company, Ltd.....	Silk Street, Salford	2 2	G
Browne, Miss G.	Victoria Park	2 2	*G
Bruton, Mr. F. A.	Didsbury	1 1	G
Burgon, Councillor	75, Sackville Street	1 1	G
Bury, Mrs. Charlotte	Adelphi, Salford	1 1	G
*Calico Printers' Association, Ltd.	Mosley Street	20 0	*G
*Calvert, William, & Sons, Ltd., Messrs...23, New Cannon Street		3 3	*G
Carrington, Mr. W. H.	Thomas Street	2 2	G
Carr Lomas, Messrs. R. B., & Co.	Meal Street	1 1	G
Carver Brothers & Co., Ltd., Messrs.....	St. Ann Street	1 1	G
*Chamberlin, Donner, & Co., Messrs.	Aytoun Street	3 3	G
*Cheshire Lines Railway Co.		5 0	*G
Chesters Brewery Co.	King Street, Ardwick	2 2	*G
Christy, Messrs. W. M., & Sons, Ltd. .14, West Mosley Street		1 1	*G
Clark, Mrs. A. J.	16, Palatine Road, Withington	1 1	G
Clegg, Mr. Neville (Grafton & Co.)	Portland Street	1 10	*G
Cobbett, Wheeler, & Co., Messrs.	61, Brown Street	1 1	G
Co-operative Insurance Society, Ltd.	Corporation Street	2 2	G
Co-operative Printing Society	Corporation Street	2 2	
*Co-operative Wholesale Society, Ltd.	Balloon Street	31 10	H
*Corporation of Manchester Gas Committee		20 0	F
*Cottam, Messrs. S. E., & Son	Spring Gardens	3 3	*H
Cowen, Mr. Maurice		1 1	H
Craven Bros., Ltd.	Osborne Street	2 2	H
Davies & Eckersley, Ltd., Messrs., 2, Clarence Street, Albert Square		1 1	H
*Dehn & Co. . .	3, Brazil Street	3 3	H
Dempster, Messrs. R. & J.	Oldham Road	1 1	*H
De Bergue & Co., Ltd.	Strangeways	1 1	*H
De Jersey & Co., Messrs.	Blackfriars Street	2 2	H
*Dewhurst, Messrs. G. & R., Ltd.	Great Marlborough Street	3 3	*H
*Dilworth, Messrs. James, & Son	Pall Mall	3 3	H
Donner, Lady	Oak Mount, Oak Drive, Fallowfield	1 1	*H

		£	s.	d.
Drew, Messrs. A., & Sons ..	Nicholas Street	2	2	0
Duckworth, Mr. Charles	George Street	1	1	0
*Dugdale, Messrs. John, & Brothers	17, Cooper Street	3	3	0
Dux, Albert, & Co., Messrs.	Grosvenor Street	1	1	0
Earle, Mr. N. A.	Brown Street	1	1	0
East Manchester Oddfellows		1	1	0
Edmondson, Mr. John B.	Knowsley Street	1	0	0
Ellinger, & Co., Messrs.	28, Oxford Road	1	1	0
Fallows & Keymer, Messrs.	Parker Street	1	1	0
Ferguson, Miss G.	Withington	2	2	0
Ferriera, Mr. M. J. Fernandes		2	2	0
Fildes, Alderman James	Oak Lynn, Bowdon	1	1	0
*Fine Spinners' and Doublers' Association, Ltd., St. James' Square		5	0	0
Finley, Mr. J.	46, King Street	1	1	0
Friends (B. & Co.)		2	2	0
Fulton, Mr. J.	Brunswick Street	1	1	0
Gaddum, Mr. Alfred	57, Brown Street	2	2	0
*Galloway, Mr. W. Lewis	4, Chapel Walks	3	3	0
Garnett, Mr. J. P.	Whalley Range	1	1	0
*Gaskell, Miss	84, Plymouth Grove	5	5	0
Gaskell, Rev. William (in memoriam)	84, Plymouth Grove	1	1	0
Gibson, Alderman		2	2	0
Gill & Hartley, Ltd., Messrs.		1	1	0
Godlee, Mr. Francis	8, Minshull Street	2	2	0
*Goldschmidt, Alderman H. J.		3	3	0
*Goldschmidt, Messrs. P.	100, Portland Street	5	5	0
Goodair, Mr. Richard	Mosley Street	1	1	0
Gottschalk, Messrs. G., & Co.	86, Major Street	2	2	0
Grafton, Mr. J. H.	Overdale, Altrincham	2	2	0
Graham, Messrs. William, & Co.	47, Sackville Street	2	2	0
*Great Central Railway Co.		10	10	0
*Great Central Railway Sick from Accident Fund	Gorton	10	0	0
*Greg Brothers, & Co., Messrs.	Booth Street	3	3	0
Groves, Mr. W. G.		2	2	0
*Groves & Whitnall, Messrs.	Salford	3	3	0
Guinness (Arthur), Son, & Co., Ltd.		1	0	0
Gunnis, Messrs. G. P., & Co.	Princess Street	1	1	0
Hahlo, Mr. George	100, Portland Street	1	1	0
Hall, Messrs. John, & Co.	King Street	1	1	0
*Hardman & Holden, Ltd., Messrs.	Miles Platting	3	3	0
Harter, Messrs., J. C., & Co.	19, Chapel Walks	1	1	0
Haworth, Messrs. Richard, & Co.	Dale Street	1	1	0
Haworth, Messrs. R. C. & H., & Co.	Cooper Street	1	1	0
Heaven, Mr. J. R.	Peter Street	1	1	0
Heginbottom, S., & Sons	85, Fountain Street	1	1	0
Helm, Mr. S. L.	Somerville, Higher Crumpsall	2	2	0
*Henry, Messrs. A. & S., & Co.	32, Portland Street	5	5	0
*Hesse, Mrs. Frank	West Didsbury	3	3	0
Hesse, Messrs. D., & Son	22, Parsonage	1	1	0
*Hetherington, Messrs. J., & Sons	Pollard Street	4	4	0
Heyn, Franc, & Co.		1	1	0
*Heywood, Mr. Edward S.	Light Oaks	3	3	0

	£	s.	d.	
Heywood, Miss Isabel	2	2		
Heywood, Messrs. John, Ltd.	1	1		
Higgin, Lloyd, & Co., Messrs.	1	1		
Hiltermann Brothers, Messrs.	2	2		
Hilton, Mr. J. C.	2	2		
Hinrichsen Messrs., S. & Co.	2	2		
Holt, Alderman Edward	2	2		
*Hoyle, Messrs. Joshua, & Sons, Ltd.	3	3		
Howe, Charles E.	1	1		
Hulse & Co., Ltd., Messrs.	1	1		
Hulton, Messrs. E., & Co.	1	1		
Ingleby, Mr. J.	2	2		
Jaffé & Sons, Messrs.	1	1		
Jewsbury & Brown, Messrs.	1	1		
Johnson, Clapham, & Morris, Messrs.	1	1		
Johnson, Messrs. Jabez, Hodgkinson, & Pearson, Ltd., Portland Street	1	1		
*Johnson, Messrs. R., & Nephew	3	3		*
Jones Brothers, Ltd., Messrs.	1	1		
Kendal & Gent	0	10		*
Kendal, Milne, & Co., Messrs.	1	5		*
*Kessler, Mr. P. W.	3	3		*
Kilvert, Messrs. N., & Sons, Ltd.	1	1		
King, Mr. L. G.	1	1		
Kolp, Kullman, & Co., Messrs.	1	1		*
Kolp, Mrs.	2	2		
*Lancashire & Yorkshire Railway Company	10	10		
Lancashire, Mr. J. H.	1	1		*
Lancasterian Friendly Society	2	2		*
Lane-Scott, Mr. W. F.	1	1		
Langworthy Brothers, Ltd.	2	2		
Lawson, Mr. R. G.	2	2		
Lee & Elderton, Messrs.	0	10		
Leigh, Mr. T. B.	1	1		
*Lesser, Messrs. Julius, & Co., Successors of ...	3	3		
Lewis, Mr. J. Tetlow	1	1		
*"Lewis's"	3	3		
Lingard, Mr. Joseph	1	1		
*Lloyd's Packing Warehouses, Ltd.	5	5		
Lockett, Crossland, & Co., Messrs.	1	1		
Lomnitz & Duxbury, Ltd.	2	2		
*London & North-Western Railway Company	3	3		
*Lord Mayor of Manchester (Clarke's and Marshall's Charities) ..	20	0		
*Lord, Mr. J. E. C.	3	3		*
Luke, Mr. Hankinson	1	1		
Lund, Mr. J. P.	1	1		*]
Lyon, Lord, & Co., Messrs.	1	1		*]
Maclure, Alan F.	2	2		*]
*Manchester and Salford Equitable Co-operative Society, Downing Street	5	5]
*Manchester Branch Amalgamated Smiths and Strikers	3	3]

	£	s.	d.
Manchester Branch National Society Amalgamated Brass-workers	1	1	0
Manchester Iron and Steel Dressers' Association	2	2	0
*Manchester No. 2 Branch Friendly Society of Ironfounders....	3	3	0
Manchester No. 3 Branch Amalgamated Railway Wagon and Carriage Makers	1	1	0
Manchester Brewery Co. Ardwick	1	1	0
*Manchester Education Committee Deansgate	5	5	0
Manchester Branch Amalgamated Wire Drawers' Society....	1	1	0
*Manchester Typographical Society Caxton Hall, Salford	3	3	0
Manchester Water Meter Co. Tipping Street	0	10	6
"Manchester Guardian, Ltd."	2	2	0
Mark, Messrs. John, & Co., Ltd. 3, St. Ann's Square	1	1	0
Marsden, Messrs. Samuel, & Co., Ltd. Altrincham Street	1	1	0
Marsden, Messrs. S., & Co., Employés.... Altrincham Street	1	0	0
Marsden, Mr. W. M. 26, Pall Mall	1	0	0
Marshall & Aston, Messrs. Lever Street	1	1	0
Massey, B. & S., Workpeople Openshaw	2	0	0
Mather & Platt, Messrs. Dale Street, Salford	5	5	0
*Mather & Platt, Messrs., Workpeople of .. Dale Street, Salford	10	0	0
McLean, Miss 197, High Street	1	1	0
Mehl, Mrs. Queen's Hotel	1	1	0
*Mitchell's Emery Wheel Co. Mill Street, Bradford	3	3	0
*Moseley, Messrs. D., & Sons, Ltd. Chapel Lane, Ardwick	3	3	0
*Metropolitan Amalgamated Railway Carriage and Wagon Company, Ltd. Openshaw	5	0	0
Muir, Messrs. William, & Co. Sherborne Street	1	1	0
*Munn, Messrs. John, & Co. 53, Fountain Street	3	3	0
Nathan, Messrs. B., & Co. 25, Cooper Street	1	1	0
Nathan's Sons, Messrs. N. P. Lower Mosley Street	2	2	0
Nelson, T., & Co. Mosley Street	1	1	0
*Newman, Son, & Watson, Messrs. Charlotte Street	3	3	0
*Nixon & Killick, Messrs. 29, Brown Street	3	3	0
Norris, Midwood & Co., Messrs.	2	2	0
Norris, Messrs. George H. St. James' Sq.	1	1	0
Nunn, Miss Marianne 29, Ardwick Green	1	1	0
Nuttall, Mr. Harry, M.P. Raynor Croft, Bowdon	1	1	0
Ogden & Madeleys, Ltd., Messrs. China Lane	1	1	0
Olive & Partington, Ltd., Broughton Paper Works	2	2	0
Oliver, Mr. Edwin 2	2	2	0
Openshaw, Messrs. C., & Co. 74, Newton Street	1	1	0
Oppenheim, S. Auburn Street	3	0	0
Paine, Mrs. Devisdale, Bowdon	1	1	0
Parlane, Mrs. James Gartness, Victoria Park	1	1	0
Parkinson, Mr. J. B. York Street	1	1	0
Parry, Son, & Hanson, Messrs. Mosley Street	1	1	0
*Pearn, Messrs. F., & Co. Gorton	5	5	0
Peel, Mr. Gerald 214, Corn Exchange Buildings	2	2	0
*Pendleton Co-operative Industrial Society Pendleton	15	0	0
*Phillips, Messrs. J. & N., & Co. Church Street	5	5	0
*Prudential Assurance Co. King Street	5	5	0
Railton, Mr. John 15, Cross Street	2	2	0
*Ralli Brothers, Messrs. 27, Peter Street	3	3	0
Rawson, Messrs. Henry, & Co. New Brown Street	1	1	0

	£	s.	d.
*Reiss Brothers, Messrs. Quay Street	5	5	0
Renold, Hans Upper Brook Street	2	0	0
Richmond & Chandler, Messrs. Southall Street, Strangeways	1	1	0
Robertshaw, J., & Sons, Ltd. Churnet Street	1	1	0
Robinson, Messrs. George, & Co. 109, Princess Street	2	2	0
Roby, Mr. Frank Pendleton	1	1	0
Roskill, Messrs. G., & Co., Chepstow Street	2	2	0
Ross, Malcolm, & Sons, Messrs. Cromford Court	1	1	0
Rothwell, Alderman W. T., J.P. Newton Heath	2	2	0
Royce, Ltd., Messrs. Trafford Park	1	1	0
Royle, Mr. John 36, Dantzic Street	1	1	0
Ruttenau, Mr. W. . . Stoneleigh, Wilbraham Road, Fallowfield	1	1	0
*Rylands & Sons, Ltd., Messrs. 3	3	3	0
Rymer, Messrs. W. & T. 25, John Dalton Street	1	1	0
Sadler, Messrs. J., & Sons Oxford Road	2	2	0
*Salford Catholic Protection and Rescue Society	3	3	0
*Salford Corporation Gas Committee.....	10	10	0
*Salford Corporation Water Fund	10	10	0
Samson, Mr. John Victoria Park	1	1	0
Saxon, George, Ltd. Openshaw	1	1	0
Schäffer & Budenberg, Messrs. Whitworth Street	1	1	0
Schill, Seebohm, & Co., Messrs. 117, Portland Street	1	1	0
Schloss Brothers, Messrs. 47, Lloyd Street	1	1	0
*Schuster, Dr. Arthur Victoria Park	5	5	0
Shimwell, Mr. W. J. 10, Charlotte Street	1	1	0
*Shorrocks, Messrs., Sons, & Co. Cromford Court	3	3	0
Shaw, Francis & Co., Workpeople Bradford	1	1	0
Sidebottom & Hardie, Messrs. Princess Street	1	1	0
*Simon, H., Ltd., Messrs. Mount Street	3	3	0
Sington, Messrs. Adolphus, & Co. 20, Princess Street	1	1	0
*Slagg, Messrs. John, & Co. 30, Pall Mall	3	3	0
Smith, Messrs. James, & Co. 26, Market Street	1	1	0
*Spurrier, Glazebrook, & Co., Messrs. Worsley Street, Salford	3	3	0
Stavert, Zigomala, & Co., Messrs. Minshull Street	1	1	0
Steel, Mr. F. L. 8, Chepstow Street	2	2	0
*Steel Railway Journal Box Co., Ltd., Workpeople of	3	3	0
Steiner, Messrs. F., & Co., Ltd. York Street	1	1	0
Steinthal & Co., Messrs. 53, Whitworth Street	1	1	0
St. George's Church Altrincham	1	1	0
*Stubbs, Mr. Joseph Mill Street	3	3	0
Stuttard, Messrs. J., & Sons Mosley Street	1	1	0
Swanwick, Philip 64, Cross Street	1	1	0
Taylor, F., & Sons Bloom Street	1	1	0
Taylor, Mr. Henry 8, John Dalton Street	1	1	0
Taylor, Mrs. Medland Dickenson Road	1	1	0
Tetlow (Mr. Henry), Employés of—Mutual Aid Society.....	1	1	0
*The Amalgamated Journeyman Tailors, Manchester District..	4	4	0
Thompson, Miss L. Heald Bank, Bowdon	1	1	0
Threlfall's Brewery Company Cook Street, Salford	2	2	0
Toller, Mr. T. N. 13, Mauldeth Road, Fallowfield	1	1	0
*Tootal Broadhurst & Lee, Messrs. Oxford Street	5	5	0
Tunstall Brothers, Messrs. 37, George Street	1	1	0
Unbreakable Pulley Co. Gorton	1	1	0
United Steel Wire Mills Openshaw	1	1	0

	£	s.	d.
Vaughan & Sons, Ltd. ....Gorton	1	1	0
Voss & Delius, Messrs. ....3, Parsonage	1	1	0
*Walton, Mr. James.....Woodlands, Newton Heath	5	5	0
Warburton, Mr. W. ....15, Norfolk Street	2	2	0
Watkin, Messrs. Absalom, & Son .....9, South Street	1	1	0
*Watts, Messrs. S. & J., & Co., .....Portland Street	3	3	0
West's Gas Improvement Co., Ltd. ....Miles Platting	1	1	0
*Whitehead, Mr. James .....30, Cross Street	3	3	0
Wilkinson, Mr. W. ....The Limes, Victoria Park	1	1	0
Wilson, Knowles & Co., Messrs.....George Street	2	2	0
Wood, Miss Bateson .....Daisy Lodge, Fallowfield	1	1	0
Wood, Messrs. John A., Ltd. ....High Street	1	1	0
Woolley, Messrs. James, Son, & Co., Ltd. ..69, Market Street	2	2	0
*Worrall, Messrs. J. & J. M. ....Ordsal Lane, Salford	3	3	0
Wragge, Mr. George, Workmen of—Mutual Aid Society.....	2	11	10
*Wrigley, Messrs. James, & Son .....John Dalton Street	3	3	0
Youatt, Mr. John .....Carisbrooke, Didsbury	1	1	0

AMALGAMATED SOCIETY OF ENGINEERS, MACHINISTS, MILLWRIGHTS,
SMITHS, AND PATTERN MAKERS.

	£	s.	d.	£	s.	d.
Crewe	1	1	0			
Crewe III.....	1	2	0			
Winsford	0	17	0			
				3	0	0

OUT-DISTRICTS.

*Accrington and Church Co-operative Society....ACCRINGTON	3	3	0
Cunliffe, Mr. James .....High Lea ..,	1	1	0
*Howard & Bullough, Messrs.,	3	3	0
*Macalpine, Mr. George W. ....Altham Collieries ..,	3	3	0
Riley, Messrs. J., & Sons .....Hapton, near ..,	2	2	0
Mason, Messrs. T., & Son .....ASHTON-UNDER-LYNE	2	2	0
*Atherton Colliery Hospital Fund .....ATHERTON	10	10	0
Bullough's, Mr. J., Workpeople,	2	2	0
Hesketh, Miss Sarah.....32, Bolton New Road ..,	1	1	0
Lee, Mrs. Thomas.....Alder House ..,	1	1	0
*New Moss Colliery Sick and Accident Club....AUDENSHAW	7	0	0
*Bacup and District Hospital Sunday & Saturday Fund..BACUP	3	3	0
Brooks & Brooks' Employés .. . . .Britannia Quarries ..,	2	2	0
*Co-operative Society	10	0	0
*Maden, John, & Son.....,	3	3	0
Shepherd, Mrs. M. G. ....Holmes Villa ..,	1	1	0
Society for Visiting and Instructing the Blind.....,	2	2	0
Melland, Miss .....Middleton Hall, BAKEWELL	1	1	0
Operative and Cotton Spinners' Association.. BAMBER BRIDGE	1	1	0
*Amalgamated Friendly Societies' Medical Association	2	2	0
*Co-operative Society	5	5	0
*Furness Railway Co. Sick Club & Benefit Soc.,	5	5	0
*The Quarterly Subscription Fund	4	4	0

*A.O. Foresters	BARROW-IN-FURNESS	£	s.	d.	
*Hunter, Coulton W.	"	3	3		
*Steel and Iron Works, Sick Club.....	"	3	3		
*Vickers, Sons, & Maxim, Ltd.—Accident Fund		5	0		
Shipyard Department.....	"	6	6		
*Vickers, Sons, & Maxim, Ltd., Engineer-					
ing Department	"	5	5		
Brennand, Mr. John	The Grange, BIRCH-IN-HOPEWOOD	1	1		
Baynes, Mr. John	Cicely Bridge, BLACKBURN	1	1		
*Blackburn and District Powerloom Overlookers'					
Provident Association	"	3	3		
*Daisyfield Co-operative Society	"	3	3		
*Dugdale, Mr. Josh.	Claremont	3	3		
Dugdale, Mrs.	Griffin Lodge	1	1		
*Grimshaw Park Co-operative Society	"	3	3		
*Hornby, Sir W. H., Bart.	BLACKBURN	8	8		
Lewis Bros., Messrs.	Springfield Mills	1	1		
Kemp, Messrs. Jas., & Bro., Workpeople of..	Reid nr.	1	1		
I.O. Oddfellows—Duke of Wellington Lodge.....	"	1	1		
Hunstone, Messrs. J. W., & Co.,	BOLLINGTON	1	1		
Deakin, Mr. Edward	Egerton Hall, BOLTON	1	1		
*Great and Little Bolton Co-operative Society	"	5	5		
Hardcastle, Messrs. J., & Co.	Bradshaw Works	1	1		
*Hick, Hargreaves, & Co.	"	3	3		
*Little Hulton Co-operative Society	"	3	3		
*Westhoughton Coal and Cannel Co., Ltd.	"	3	3		
Bolton & District Railway Men's Hospital Fund.....	"	1	1		
Mrs. Bannerman	BRIGHTON	2	2		
*Broad Mills, Ltd.	BROADBOTTOM	3	3		
Sidebottom, Miss	Harewood Lodge	1	1		
*Amalgamated Weavers' Association	BURNLEY	3	3		
*Butterworth & Dickinson, Messrs.	"	3	3		
*Shuttleworth, Lord	"	3	3		
Brierfield Mills, Workpeople of	Brierfield	1	1		
*Co-operative Society	"	5	5		
Bruce, Mrs. H.	Bridge Hall, BURY	1	1		
*Co-operative Provision Society	"	10	0		
Hutchinson, Messrs. W. and J.	Daisyfield Mill	1	1		
Kenyon, Messrs. J., & Son	Derby Street Mills	1	1		
*Weavers' Association, Bury, Radcliffe, and Elton District	"	3	3		
Williams, Rev. J.	"	1	1		
Woolfold Co-operative Society	"	1	1		
Buxton and Dist. Friendly Societies' Demonstration..	BUXTON	1	1		
*Buxton Lime Firms Co., Ltd., The.....	"	3	3		
Slater, Mr. George	Fairfield	1	1		
Bayley, Mrs. C. J.	"	1	1		
Bindloss, Mr. J. B.....	Elm Bank	1	1		
Slater, Mr. George	"	1	1		
*Armitage, W. H.	"	10	10		
*Carnforth Hematite Iron Co.	CARNFORTH	3	3		
Tweedale & Smalley	CASTLETON	1	1		
Bridge, David, & Co.	"	1	1		
Paley, Miss Emily F.	Scarthwaite, CATON	1	1		
District Friendly Societies' Parade and					
Hospital Sunday Society	CHAPEL-EN-LE-FRITH	2	2		
Elliott, Mr. J. M., J.P.	Heath Bank, CHEADLE HEATH	1	1		

	£	s.	d.
Allen, William S. CHEADLE, Staffs.	1	1	0
*Chinley and Whitehough Hospital Fund CHINLEY	3	3	0
Chorley Consolidated Charities CHORLEY	2	2	0
*Chorley and District Branch, Northern Counties			
Amalgamated Weavers' Association	3	3	0
Loyal Order of Shepherds	2	2	0
*Oddfellows, I.O.	3	3	0
Parke, Mr. Herbert T. Withnell Fold	1	1	0
*Scot Lane Collieries Accident Relief Society, Blackrod ..	3	3	0
Power Loom Overlookers' Association, The	1	1	0
Oddfellows, I.O., Manchester Unity CLAYTON-LE-MOORS	1	1	0
The Industrial Co-operative Society	3	3	0
Clayton Aniline Company	1	1	0
Clifton & Kersley Coal Company's Surface Men..... CLIFTON	2	2	0
*Clifton and Kersley Coal Company	3	3	0
*Pilkington, Mr. Edward	10	0	0
Clifton and Kersley Coal Co.'s Hospital Collection ..	2	0	3
*Garnett, Thomas, & Sons, Messrs. CLITHEROE	3	3	0
*Cawl Terrace Industrial Society CLOUGH FOLD	3	3	0
*Sion Chapel Sick and Burial Society.....	3	3	0
Shaw, Messrs. Robert, & Sons, Ltd. COLNE	2	2	0
*Colne Cottage Hospital Committee	3	3	0
*Equitable and Industrial Co-operative Society.... CONGLETON	4	4	0
Broadhurst, Mrs. E. T., The Manor House, North Rode ..	1	1	0
*Boiler Makers and Iron Ship Builders CREWE	3	3	0
*Co-operative Friendly Society, Ltd.	10	10	0
*Crewe and District Hospital Saturday Fund	20	0	0
*L. & N. W. Ry. Co.'s Servants' Hospital Fund	8	8	0
*Wrinchill I.O. Oddfellows, M.U.	3	3	0
*Barrow Hematite Steel Company, Ltd., Mines			
and Quarries Club DALTON-IN-FURNESS	3	3	0
*Court Bowmen of Furness Foresters	2	2	0
*Surgical Aid Society	5	5	0
*The Co-operative Society	3	3	0
Darwen and Mostyn Iron Co. DARWEN	1	1	0
Farrer-Baynes, Taylor, & Co., Workpeople of	1	1	0
*Industrial Co-operative Society	3	3	0
Potter, Messrs. C. and J. Belgrave Mills	1	1	0
Wardens of Holy Trinity Church	1	1	0
Place, Joseph & Sons, Ltd., Workpeople..... DARWEN	3	13	3
*Denton and Haughton Equitable Co-operative Society.. DENTON	3	3	0
*Oddfellows, N.I.O.	3	3	0
Denton Colliery Company, Workpeople of	2	2	0
Co-operative Society, The	2	2	0
Pearson, Mrs. J. J. Barwicke Lodge, DISLEY	1	1	0
*Co-operative Society	5	5	0
*Boiler Makers' Society	3	3	0
Nicholson, Mrs.	1	1	0
Agnew, Miss Gertrude Fairhope, ECCLES	1	1	0
Burgess, Mr. Alfred Heathfield, Victoria Crescent ..	1	1	0
*Eccles Corporation	5	5	0
*Provident Industrial Co-operative Society	8	8	0
Wilkinson, Mr. J. F. Ellesmere Park ..	1	1	0
Duke of Devonshire	2	2	0
*Industrial Society, The	3	3	0
*Farnworth and Kearsley Co-operative Society FARNWORTH	6	6	0

	£	s.	d.
*Workingmen's Club	FLEETWOOD	3	3 0
*Fleetwood Ammonia Soda Works, Workmen's Mutual Benefit Society	Thornton	3	3 0
*Glossop Dale Co-operative Society	GLOSSOP	5	5 0
*Howard of Glossop, The Right Hon. Lord	"	5	5 0
Olive & Partington, Messrs.	"	1	1 0
Wood, Mrs.	Moorfield	2	2 0
*Co-operative Society	GREAT HARWOOD	3	3 0
Grasscroft Co-operative Society	GREENFIELD	1	1 0
*Greenfield Industrial Co-operative Society	"	3	3 0
*Equitable Co-operative Society	HADFIELD	3	3 0
Styal Co-operative Society	HANDFORTH	1	1 0
Greg, Mrs. H. R.	HANDFORTH	2	2 0
Hanley Amalgamated Friendly Societies' Association ..	HANLEY	1	1 0
Royds, Mrs.	Woodlands, HARTFORD	0	10 6
Congregational Church and Schools	HASLINGDEN	1	1 0
*Industrial Co-operative Society	"	3	3 0
*Power Loom Weavers' Association	"	3	3 0
Stott, Mr. John	Springfield Lodge	1	1 0
Co-operative Society	HAUGHTON GREEN	2	2 0
*Co-operative Society	HAYFIELD	3	3 0
Oddfellows I.O., M.U.	"	1	1 0
*The Co-operative Society	HAZEL GROVE	4	4 0
Hollins Mill Company's Employés	"	1	1 0
Economical Sick & Burial Society	"	1	1 0
Oddfellows, I.O.	HEBDEN BRIDGE	1	1 0
*Crossley, Mrs.	HELSEBY	3	3 0
Healey Bros., Ltd.	HEYWOOD	1	1 0
*Industrial Co-operative Society	"	10	10 0
Partington, Mr. John	"	1	1 0
Co-operative Society	HOLLINGWORTH	2	2 0
*Gunn Inn Sick Society	"	3	3 0
Butterworth, Messrs. Alfred, & Son ..	Globe Mills, HOLLINWOOD	1	1 0
*Butterworth, Messrs., A., & Son, Workpeople of ..	"	3	3 0
Butler Green Spinning Company, Ltd.	"	1	1 0
*Leigh, Mr. Egerton	Joddrell Hall, HOLMES CHAPEL	3	3 0
*L. and Y. Railway Co.'s Employés	HORWICH	27	1 0
*Co-operative Society, The	HUDDERSFIELD	3	3 0
*Nab End Tower Musical Festival	near "	3	3 0
Beeley, Messrs. Thomas, & Sons, Ltd.	HYDE	2	2 0
*Equitable Co-operative Society	"	3	3 0
*Flowery Field Benevolent Burial Society	"	3	3 0
Foresters, A.O., Hyde and Bredbury District	"	1	1 0
Funeral Society	"	1	1 0
Hibbert, Edward, & Co., Ltd.	Green Crofts Mill	1	1 0
*Hyde Junction Ironworks, Workpeople of	"	3	3 0
Oddfellows, I.O.	"	1	1 0
Operative Spinners' Association	"	1	1 0
*Philanthropic Burial Society	"	3	3 0
Slack Mill Company, Ltd.	"	1	1 0
Royles, Ltd., Messrs.	IRLAM	1	1 0
Keadby, Althorpe, and District Hospital Demonstration, KEADBY	"	1	1 0
*Clegg, Mr. C. H.	KENDAL	3	3 0
*Somervell, Mr. W. H.	"	3	3 0
Oddfellows, I.O.	KETTLESHULME	1	1 0
*Birchenwood Colliery Company's Workpeople	KIDSGROVE	3	3 0

	£	s.	d.
*Co-operative Society KIRKBY-IN-FURNESS	4	4	0
*Fylde Industrial Co-operative Society KIRKHAM	3	3	0
Longridge, Mr. R. B., J.P., Yew Tree Tabley, KNUTSFORD	1	1	0
McConnel, Mr. F. R. Kirtle House ..,	1	1	0
Dawson, Mr. Edward B. LANCASTER	3	3	0
*Lancaster and Skerton Equitable Industrial			
Co-operative Society, Ltd.,	5	0	0
Challinor, Mr. J. Compton House, LEEK	1	1	0
Westwood Lodge, M.U.,	1	1	0
Trimming Weavers' Society, The LEEK	1	1	0
Ackers, Whitley, & Co., Messrs. LEIGH	2	2	0
*Albion Foundry Accident Fund,	3	3	0
*Co-operative Society,	3	3	0
*Gamble & Smith, Messrs. Brookside Mill ..,	3	3	0
Operative Cotton Spinners' Association,	2	2	0
*Plank Lane Branch Miners' Federation,	3	3	0
*West Leigh and Heyfield Collieries' Sick and Burial Socy.,	3	3	0
Fox, Mr. J. St. V. LINCOLNSHIRE	1	1	0
*Co-operative Society of Industry LITTLEBOROUGH	3	3	0
Agnew, Mrs. W. L. 11, Portman Square LONDON	2	2	0
Best, Miss 6, Cleveland Square ..,	1	1	0
Butterworth, Mrs. 24, Linden Gardens ..,	1	1	0
Diggles, Mrs.,	1	1	0
Murray, Mr. J. R., 14, Leinster Gardens, Lancaster Gate ..,	1	1	0
Kemp, Mr. Francis LYTHAM	2	2	0
*Brocklehurst, Messrs. J. T., & Sons MACCLESFIELD	3	3	0
*Equitable Provident Co-operative Society, Ltd. ...,	3	3	0
Fergusson, Mr. W. . . Manor House, Titherington ..,	1	1	0
*Grafton, Mr. Francis F., Burley Grange,			
Bollington Cross,	5	0	0
Bennett, Mrs. J. Armitage.....MARPLE	1	1	0
Oddfellows, I.O.....,	1	1	0
Oddfellows, Star of Bethlehem Lodge,	1	1	0
Foresters' Royal Friendly Society MARSDEN	1	1	0
*Marsden Musical Festival,	8	13	0
Oddfellows, Holt Head,	1	1	0
Dickins & Co., Messrs. MIDDLETON	1	1	0
*Middleton and Tonge Industrial Society..Long Street ..,	3	3	0
*The Vicar ("Holford Charity") .....MIDDLEWICH	3	3	0
*Co-operative Society MILLOM	8	8	0
Conservative Co-operative Society MILNROW	1	1	0
*Operative Spinners' Association MOSSLEY	3	3	0
*The Industrial Co-operative Society,	6	6	0
*Co-operative and Industrial Society NELSON	3	3	0
Boiler Makers' and Iron Shipbuilders' Society			
Executive Council NEWCASTLE-ON-TYNE	2	2	0
*Hargreaves, George, & Co., Messrs., Rossendale			
and Accrington Collieries NEWCHURCH	3	3	0
Co-operative Society NEW MILLS	1	1	0
Campbell, W., & Co. ....NEW MILLS	1	1	0
Campbell, W., & Co., Employees.....,	2	2	0
*Derbyshire Education Committee,	6	0	9
Foresters, A.O., Friendly Society,	1	1	0
Oddfellows, N.I.O.,	1	1	0
*Lowton Common Children's Burial Socy...NEWTON-LE-WILLOWS	3	3	0
Vulcan Foundry, Ltd.,	2	2	0

	£	s.	d.
*Vulcan Foundry, Ltd., Employés of NEWTON-LE-WILLOWS	6	8	1
Tatton, Mr. T. E. Wythenshawe Hall, NORTHERN ETCHIELLS	1	5	0
Allen, Mr. Russell. Davenham Hall, NORTHWICH	2	2	0
*Brunner, Mond, & Co., Messrs. ,	30	0	0
Winnington, Northwich, and District Co-operative Society ,	1	1	0
Brunner, Mrs. NORTHWICH	2	2	0
Co-operative Society Delph, OLDHAM	1	1	0
*Corporation Gas and Water Committee ,	3	3	0
*Crompton Co-operative Society Shaw, near ,	4	4	0
*Equitable Co-operative Society ,	5	5	0
*Hartford New Works Benefit Society OLDHAM	5	5	0
National Arms Society Oddfellows Delph ,	1	1	0
Oddfellows, I.O., M.U. ,	1	1	0
*Oldham Industrial Co-operative Soc., Ltd., King Street ,	21	0	0
*Oldham Sick and Funeral Society ,	3	3	0
*Operative Cotton Spinners' Association ,	4	4	0
*Platt Brothers & Co., Ltd., Messrs. ,	10	10	0
Thatcher, Mr. Robert ,	1	1	0
*Werneth Spindle Works Accident Society ,	5	5	0
*Hospitals Committee, The PADIHAM	2	2	0
*Browett, Lindley, & Co.'s Employés PATRICROFT	3	3	0
Employés at Bridgewater Foundry ,	2	2	0
Nasmyth, Wilson, & Co., Messrs. ,	1	1	0
*Knowles, Andrew, & Sons, Ltd., Messrs. PENDLEBURY	5	5	0
*Knowles, Andrew, & Sons, Ltd., Accident Society. . ,	4	11	8
*Vernon, The Right Honourable Lord POYNTON	3	3	0
*Poynton Collieries' Accident Society ,	5	0	0
Gregson Lane Operative Cotton Spinners' Association Higher Walton, PRESTON	1	1	0
Boiler Makers and Ship Builders ,	2	2	0
*Horrockses, Crewdson, & Co., Messrs. ,	10	0	0
*Operative Cotton Spinners' Association ,	4	4	0
Industrial Co-operative Society ,	2	2	0
Co-operative Society PRESTWICH	2	2	0
I.O. Oddfellows. District Pilkington and ,	1	1	0
N.I.O. Oddfellows, Lord John Russell Lodge ,	1	1	0
Congregational School RADCLIFFE	1	1	0
Lomax, Samuel, & Sons, Ltd. ,	2	2	0
*Radcliffe and Pilkington Co-operative Industrial Socy. ,	5	5	0
*Greenhalgh, Andrew, Ltd., Employés of. ,	5	0	0
Lewis, Rev. J. J., for St. Paul's Church. RAMSBOTTOM	2	2	0
*Industrial and Provident Society ,	5	5	0
Ramsbottom Paper Mill Company ,	2	2	0
*Conservative Industrial Co-operative Society. . . . RAWTENSTALL	3	3	0
*Loveclough Industrial Society ,	3	3	0
*Rawtenstall Hospital Charities and Nursing Fund ,	6	6	0
*Spring Terrace Working Men's Club. ,	3	3	0
*Workmen's Club, 8, St. James Street, Lark Hill. . ,	3	3	0
*Richard Hornsby & Sons, Ltd., Engineering Department, Employés of. REDDISH	3	3	0
Furnival & Co., Messrs., Employés of ,	2	2	0
Hornsby's Foundry Employés ,	1	1	0
**"Manchester Guardian" Printing Works (Compositors' Department) ,	3	3	0
Ringley and Kersley Co-operative Society RINGLEY	2	2	0
Industrial Co-operative Society RISHTON	2	2	0

		£	s.	d.
*Co-operative Society Equitable Pioneers	ROCHDALE	10	10	0
*Kelsall & Kemp, Ltd., Messrs.	"	3	3	0
Millgate Volunteer and Industrial Co-operative Society	Millgate	1	1	0
*Newbold Friendly Society	"	5	0	0
*Provident Co-operative Society	"	5	5	0
Engineers' Department, Midland Railway	ROMILEY	1	1	0
Hatherlow Children's Burial Society	"	2	2	0
Industrial Co-operative Society	ROYTON	1	1	0
*Hutchinson & Hollingworth, Messrs. . .	Dobcross, SADDLEWORTH	2	2	0
*Hutchinson & Hollingworth, Workpeople of ..	"	7	19	3
*Oddfellows, I.O.	"	3	3	0
*Upper Mill Co-operative Society	"	3	3	0
*Whitehead, Messrs. R. R., & Brothers	"	3	3	0
Saddleworth Wesleyans	"	2	0	0
Heywood, Mr. Gerald G. P., Tickwood Hall, Much Wenwell, SALOP	"	2	2	0
*Co-operative Society, The	SANDBACH	3	3	0
Sandbach and District Hospital, &c., Fund	"	1	1	0
Tong End Pasture Quarries Accident Club	SHAWFORTH	2	2	0
*Slaitwaite Musical Festival	SLAITHWAITE	4	0	0
Slaitwaite Spinning Co., Workpeople of	"	1	11	6
*Carver, Mr. Thos.	SOUTHPORT	3	3	0
Worstencroft, Mr. A. W.	"	1	1	0
*Brandwood Labourers' Accident Club	STACKSTEADS	3	3	0
Catholic Workmen's Club, The	"	1	1	0
Heys & Co., Messrs.	"	1	1	0
Stacksteads Co-operative Store	"	2	2	0
*Waterbarn Sick and Burial Society	"	3	3	0
*Workmen's Club	"	3	3	0
Heys, H., & Co.'s Workpeople	STACKSTEADS	2	2	0
*Cheetham, Messrs. George, & Sons	STALYBRIDGE	3	3	0
*Co-operative Society, The	"	4	4	0
Harrison, Messrs. T. Ashton, & Co.	"	1	5	0
Leech, J., & Sons, Ltd.	"	2	2	0
*Spinners' and Minders' Association	"	3	3	0
*Sumners, J., & Sons, Ltd.	"	10	10	0
Taylor, Lang, & Co., Ltd., Messrs., Castle Ironworks	"	1	1	0
*Co-operative Society	Compstall, near STOCKPORT	5	5	0
Druids, Order of	"	1	1	0
*Foresters, A.O.	"	3	3	0
Kay Brothers, Messrs.	St. Petersgate	1	1	0
*Oddfellows, I.O., M.U.	"	5	5	0
Rayner, Mrs.	Tiviot Dale	1	1	0
Institute for the Blind, The	"	2	2	0
*Spinners and Twiners' Association	"	3	3	0
*Stockport Co-operative Society	"	5	5	0
Turner, Mrs.	Mile End House,	1	1	0
*United Free Gardeners' Friendly Society	"	3	3	0
Great Central Railway Medical Aid Society	"	1	1	0
Bredbury Colliery, Co., Ltd., Workmen	near STOCKPORT	1	1	0
Arundel & Co.'s Employees	"	2	2	0
*Heath, Messrs. Robert, & Son	STOKE-UPON-TRENT	4	4	0
*Philips, Mr. J. W.	Heybridge, Tean	4	4	0
United Friendly Societies' Parade Com- mittee, Talk-o'-th'- Hill	"	1	1	0
Fletcher, Messrs. R., & Son, Ltd.	STONECLOUGH	1	1	0

	£	s.	d.
Mitchell, Mr. W. M. Mona Villa, Chester Road, STRET FORD	1	1	0
Brooksbottom Hospital Committee SUMMERSEAT	1	1	0
*Employés of Messrs. Holdsworth & Gibb's Accident Club, Moorside Mill SWINTON	1	1	0
Heywood, Mrs. H. R. Moorfield „	1	1	0
*Egerton of Tatton, The Right Hon. Earl TATTON PARK	3	3	0
Oddfellows, I.O., M.U. TIDESWELL	1	1	0
*Tideswell and Litton United Friendly Societies' Hospital Sunday Fund „	4	4	0
Nickson, Miss F. TIDESWELL	1	1	0
*Bridge End Equitable Progressionists' Society TODMORDEN	3	3	0
Cornholme Mills Accident Club „	1	1	0
*Industrial and Co-operative Society „	8	8	0
Moss Bros., Messrs., Workpeople of Eastwood, near Oddfellows, I.O., M.U. „	1	1	0
*Todmorden Hospital Fund „	10	0	0
*Walsden Co-operative Society Hollins, near „	3	3	0
Walsden Parochial Sick Club „	1	1	0
*Astley and Tyldesley Collieries' Hospital Fund TYLDESLEY	5	5	0
*Tyldesley Colliery Bottom Hands' Sick Society „	6	6	0
Tyldesley Colliery Top Hands „	2	2	0
*Kennedy Bros., Messrs. ULVERSTON	3	3	0
Carnarvonshire Congregational Churches Hospital Fund WALES	2	2	0
*Merioneth Congregational Hospital Fund „	3	3	0
West Merioneth Calvinistic Methodists' Hospital Fund „	2	2	0
*Ellesmere, Earl of WALKDEN	10	0	0
*Employés of Earl of Ellesmere „	20	0	0
*Provident Industrial Co-operative Society „	4	4	0
*Crosfield, Joseph, & Sons, Ltd., Messrs. WARRINGTON	3	3	0
*Equitable Industrial Co-operative Society, Sankey St. „	3	3	0
Fletcher, Russell, & Co., Ltd., Messrs. „	1	1	0
*Greenall, Lady Walton Hall „	3	3	0
Longford Wire Co., Ltd. „	1	1	0
Long, Mr. W., J.P. Thelwall Heys, near „	1	1	0
*Monks, Hall, & Co., Employés of „	5	5	0
*Oddfellows, I.O., M.U. „	3	3	0
Rylands Brothers, Ltd., Messrs. „	1	1	0
*Stubbs, Peter, Ltd. „	3	3	0
*The Pearson & Knowles, Dallam and Bewsey, Sick and Accident Society „	3	3	0
*Naylor, Mr. R. A. Howley Quay „	3	3	0
Warrington Wire Rope Works, Ltd. „	2	2	0
Whitecross Co. „	1	1	0
*Bank Quay Soap and Chemical Works Sick Club. „	5	5	0
*Bethel Baptist Sick Society WATERFOOT	3	3	0
Industrial Co-operative Society „	1	1	0
*Industrial and Provident Co-operative Society WATERLOO	3	3	0
Co-operative Society WHALEY BRIDGE	1	1	0
Mellor, Colonel WHITEFIELD	1	1	0
*Whitefield and Unsworth Co-operative Society „	3	3	0
Workmen, The, of Distington Hematite Ironworks, WHITEHAVEN	2	2	0
*Friendly Co-operative Society WHITWORTH	3	3	0
*New Inn Sick and Burial Society „	3	3	0
*Bolton, T. & Sons, Ltd., Benevolent Fund WIDNES	5	5	0
*Scoweroft, J., & Co., Ltd. Hindley Green, WIGAN	5	5	0
Greg, Mrs. H. R. WILMSLOW	2	2	0
Wilmslow Economical Friendly Society „	1	1	0
Co-operative Society WOODLEY	1	1	0

DISTRICT COUNCILS, &c.,

SUBSCRIBING TO THE MANCHESTER ROYAL EYE HOSPITAL.

	£	s.	d.
*Atherton	3	3	0
*Buxton	5	5	0
Colne, Borough of	2	2	0
*Crompton	3	3	0
*Farnworth	3	3	0
*Leigh, Borough of	3	3	0
*Northwich	5	5	0
*Padiham	3	3	0
*Ramsbottom	3	3	0
*Royton	5	5	0
*Sale	3	3	0
*Stretford	3	3	0
*Swinton and Pendlebury	3	3	0
*Todmorden, Borough of	3	3	0
*Tyldesley	3	3	0
*Westhoughton	3	3	0
*Whitworth	4	4	0
*Winsford	5	5	0

BOARDS OF GUARDIANS

SUBSCRIBING TO THE MANCHESTER ROYAL EYE HOSPITAL.

	£	s.	d.
*Aberystwith Union	3	3	0
*Ashton-under-Lyne Union	10	10	0
*Barrow-in-Furness ,,	4	4	0
*Barton-upon-Irwell ,,	5	5	0
*Blackburn ,,	6	6	0
*Bucklow ,,	3	3	0
*Burnley ,,	5	5	0
*Chapel-en-le-Frith ,,	3	3	0
*Chorley ,,	3	3	0
*Chorlton ,,	10	10	0
*Clitheroe ,,	4	4	0
*Congleton & Sandbach,,	3	3	0
*Fylde, The ,,	3	3	0
*Glossop ,,	5	5	0
*Haslingden ,,	5	0	0
*Hayfield ,,	3	3	0
*Huddersfield ,,	3	3	0
*Lancaster ,,	3	3	0
*Leek ,,	3	3	0
*Leigh ,,	3	3	0
*Macclesfield ,,	5	5	0
*Manchester ,,	10	0	0
*Nantwich ,,	4	4	0
*Northwich ,,	5	5	0
*Oldham ,,	6	6	0
*Prestwich ,,	5	5	0
*Rochdale ,,	5	5	0
Saddleworth ,,	2	2	0
*Salford ,,	10	10	0
*Stockport ,,	10	10	0
*Todmorden ,,	3	3	0
*Ulverston ,,	3	3	0
*Warrington ,,	6	6	0

DONATIONS, 1910.

	£	s.	d.
*Manchester and Salford Hospital Saturday and Convalescent Homes Fund	219	19	1
*Manchester and Salford Hospital Sunday Fund	210	19	7
*Messrs. Thomas Armstrong & Bro. (Opticians), Spectacles for Gratuitous Distribution	50	0	0
*The Distributors of the Booth Charities, Salford.....	50	0	0
Mr. A. Ahrens, in commemoration of birthday.....	500	0	0
Huddersfield Industrial Society, Ltd.	6	6	0
Mr. John Firth, inpatient.....	5	0	0
Messrs. Milnes Brothers & Hoyle (in respect of patient, Howard)	5	0	0
Mr. O. P. Behrens (in respect of patient).....	2	2	0
Mr. E. Crabtree (for son).....	2	2	0
Mr. and Mrs. Sprooson.....	2	2	0
Mr. John B. Close Brooks.....	2	0	0
Mr. Fred Edge	1	11	6
Messrs. David Bridge & Co., Castleton.....	1	1	0
Mr. William Barton	1	0	0
Todmorden Football Club	1	0	0
Messrs. C. Cooper & Sons, Radcliffe.....	0	10	6
Mrs. Hill	0	10	6
Mrs. M. Dixon	0	10	0
Albert Martin.....	0	5	0
Miss Cain	0	5	0

LEGACIES.

		£	s.	d.
Prior to 1847	Byrom, Miss	Kersal Cell	300	0 0
"	1847 Darby, Miss		45	0 0
"	1847 Fort, Lawrence, Esq.	£200 less duty	180	0 0
"	1847 Grave, Thomas, Esq.		22	0 0
"	1847 Houghton, Miss Mary		24	0 0
"	1847 Leaf, John, Esq.	£50 less duty	45	0 0
"	1847 Mottram, Thomas, Esq.		50	0 0
"	1847 Potter, Charles Bower, Esq.	£200 less duty	180	0 0
"	1847 Ward, Michael, Esq.		10	0 0
1856	Grant, Daniel, Esq.		200	0 0
1857	Reiss, Leopold, Esq.		20	0 0
1860	Hall, Miss Maria	Nantwich	9	9 0
1865	Cheetham, Thomas, Esq.	Stalybridge	22	10 0
1866	Taylor, Thomas Travis, Esq.	Southport	1,000	0 0
1866	Whitehead, William, Esq.	Saddleworth	100	0 0
1866	Wilkie, Miss Mary J.	£100 less duty, Preston	90	0 0
1867	Bolton, Mrs.	(6 shares) Kirkby Lonsdale	90	0 0
1867	Jackson, J., Esq.		100	0 0
1867	Johnson, Mr.	£150 less duty	135	0 0
1867	Jones, William, Esq.	Old Trafford	45	0 0
1867	Stubbs, John S., Esq.	£150 less duty	135	0 0
1868	Atkinson, William, Esq.		19	19 0
1868	Fallows, James, Esq.		200	0 0
1868	Houldsworth, Henry, Esq.	Coltneß	99	10 0
1868	Ollivant, John, Esq.		200	0 0
1869	Houldsworth, Thomas, Esq.		99	10 0
1869	Wright, Philip, Esq.		200	0 0
1870	Atherton, Miss	Kersal Cell	500	0 0
1870	Shepherd, Ralph, Esq.	Oldham	90	0 0
1873	Brackenbury, Miss		500	0 0
1873	Frost, James G., Esq.		1,000	0 0
1873	Rumney, Robert, Esq.		100	0 0
1874	Hargreaves, John, Esq.	Broad Oak, Accrington	105	0 0
1875	Hindley, Job		104	4 0
1876	Atherton, James, Esq.	Swinton Park	100	0 0
1877	Mason, William, Esq.	Macclesfield	18	0 0
1880	Jackson, R., Esq.		100	0 0
1880	Parkinson, Mary		180	0 0
1880	Strauss, R. S., Esq.		25	0 0
1881	Aldred, Miss Alice		146	7 0
1881	Ashton, P. J., Esq.		297	0 0
1881	Elton, Miss Nancy		500	0 0
1881	Lowe, Miss Anne		175	4 0
1882	Woodcock, Mrs.		100	0 0
1883	Geldart, Mrs. Elizabeth		10	0 0
1883	Mercer, R. C., Esq.	£500 less duty	450	0 0
1884	Gould, John, Esq.		200	0 0
1884	Leppoc, H. J., Esq.		100	0 0

	£	s.	d.
1884 Lowther, Frank, Esq.	105	0	0
1884 Sorbie, J., Esq.	100	0	0
1885 Clare, Mrs. Charles Leigh.....	50	0	0
1886 Berry, M.	100	0	0
1886 Harding, John, Esq. ....£1,000 less duty	900	0	0
1886 Hargreaves, Henry, Esq. ....Blackburn	2,000	0	0
1886 Kitson, Mrs. M. ....Rochdale	346	9	1
1887 Hargreaves, Henry, Esq...Second instalment, Blackburn	12,676	4	5
1887 Jones, T. E., Esq.	300	0	0
1887 Rose, Thomas, Esq.	500	0	0
1888 Dyson, David, Esq.	19	19	0
1888 Mellor, Miss Eliza	5	0	0
1888 Standring, Thomas, Esq.	500	0	0
1889 Dehn, A., Esq.	50	0	0
1889 Goldschmidt, Alderman P.....	100	0	0
1889 Higham, Miss Isabella.....£100 less duty	90	0	0
1889 Rylands, John, Esq.	5,429	18	0
1889 Sever, C., Esq.	50	0	0
1890 Pemberton, Mr. Thomas .....£20 less duty	18	18	0
1891 Blair, G. B., Esq.	200	0	0
1891 Brown, W. S., Esq. ....£100 less duty	90	0	0
1891 Cookson, Mrs. A.	37	13	5
1891 Hargreaves, Henry, Esq...Final instalment, Blackburn	1,500	0	0
1891 Heywood, Mrs. M.....	78	5	4
1891 Hill, Mrs. Mary	24	14	0
1891 Newton, Miss A. M.	50	0	0
1892 Dowd, Miss .....£100 less duty	90	0	0
1892 Haigh, James, Esq.	500	0	0
1892 Thornhill, Frank, Esq.	100	0	0
1893 Donsworth, Mrs. M. (Exors. of).....	20	0	0
1893 Hindle, Mrs. (Exors. of) .....£50 less duty	45	0	0
1894 Bennett, John, Esq. (Trustees of) .....Morecambe	18	12	6
1894 Gee, Mrs. Esther .....Lytham	100	0	0
1894 Jardine, James, Esq.	500	0	0
1895 Crawford, Mr. John .....Newton Heath	5	0	0
1895 Grimshaw, Mr. Joseph..Top-o'th' Brow, Hr. Blackley	50	0	0
1895 Heaven, Miss .....Langdale, Victoria Park	500	0	0
1895 Talbot, Mrs. Elizabeth Mary, £100 less duty, Acton N'wich	90	0	0
1896 Berry, William, Esq. (Exors. of)	1,000	0	0
1896 Weston, Samuel, Esq. (Exors. of)	1,562	10	0
1897 Dyson, A. K., Esq.	100	0	0
1897 Grundy, Herbert, Esq.....	4,500	0	0
1897 Parrott, James, Esq.	500	0	0
1898 Bradley, Miss Emma.....	10	0	0
1898 Buckley, Samuel, Esq.....	300	0	0
1898 Ellis, Joseph, Esq.	225	0	0
1898 Mappes, E. F., Esq.....	50	0	0
1898 Schuster, Miss.....	500	0	0
1898 Simpson, Thomas, Esq.	364	17	3
1899 Harling, John, Esq.	2,000	0	0
1899 Higgins, Mrs. E. M.	300	0	0
1899 Munslow, William, Esq.	200	0	0
1899 Rothwell, Frederick, Esq.	200	0	0
1900*Gledhill, Manasseh, Esq. ....Including interest	1,022	4	11

* See also list of Benefactors.

	£	s.	d.
1900 Grundy, Herbert, Esq. ....Second instalment	300	0	
1900 Lowther, Mrs. Phyllis.....	200	0	
1900 Roberts, William, Esq.	250	0	
1901 Wrigley, Mrs. S.	225	0	
1901 Kelly, Mrs. Charlotte	329	0	
1901 Weston, Samuel, Esq. ....Second instalment	670	13	
1902 Spencer, Reuben, Esq.	250	0	
1902 Pellett, Alfred, Esq.	200	0	
1903 Hussey, George Cheetham, Esq.....	1,000	0	
1903 Rigby, William, Esq.	100	0	
1903 Craig, John James, Esq.	50	0	
1904 Brown, William Kelsall, Esq.	100	0	
1904 Shuttleworth, John, Esq.	50	0	
1904 Shepherd, Mrs. Eleanor	225	0	
1904 Silkenstädt, J. G., Esq. (Exors. of).....	450	0	
1905 Hunt, Miss Harriot	25	0	
1905 Marlor, William, Esq.	500	0	
1905 Beswick, Miss Hannah.....	1,000	0	
1906 " "Second instalment	1,500	0	
1906 Garbutt, Mrs. B.	100	0	
1906 Webb, F. W., Esq.	1,000	0	
1906 Finnie, Mrs. Hannah.....	1,000	0	
1906 Schuster, Francis J., Esq.	100	0	
1906 Sutcliffe, Abraham, Esq.	25	0	
1907 Holden, James, Esq., Trustees of	1,000	0	
1907 Longden, Mrs. Hannah.....	20	0	
1907 Murray, Adam, Esq.	100	0	
1907 Beswick, Miss Hannah ....Third instalment	1,500	0	
1907 Saltarn, Harry Lewis, Esq.	3,000	0	
1908 " "	401	5	
1908 Gregory, Joseph Fletcher, Esq.....	554	9	
1908 Davidson, Miss Mary Ann Mellor.....	500	0	
1908 Marsland, Herbert, Esq.	150	0	
1908 Beswick, Miss Hannah Fourth instalment	346	17	
1908 Seaton, Mrs. Mary	25	0	
1908 Rylands, Mrs.	2,000	0	
1909 Davidson, Miss Mary Ann Mellor.....	500	0	
1909 Waterhouse, Mrs. Eleanora	50	0	
1909 Beswick, Miss Hannah.....Fifth instalment	2	15	
1910 Grundy, Herbert, Esq., Executors of. .Third instalment	150	0	
1910 Jones, Thomas Ward, Esq.....	100	0	

LIST OF BENEFACTORS.

WHO ARE LIFE TRUSTEES BY VIRTUE OF DONATIONS OF TEN GUINEAS AND UPWARDS. (SEE RULE III.)

*Denotes those who have the privilege of recommending IN-DOOR PATIENTS.

(SEE RULE V.)

	£	s.	d.
Agnew, Miss Constance.....	10	0	0
Agnew, Miss Gertrude	10	10	0
*Agnew, Messrs. J. H., & Brother.....	50	0	0
*Agnew, Mrs. Thomas.....	500	0	0
*Agnew, William, Esq.	50	0	0
*Ahrens, A., Esq., in commemoration of birthday	500	0	0
Ainsworth, Mrs. Elizabeth.....	20	0	0
*Aitken Bros., Messrs.....	50	0	0
*Aitken, Thomas, Esq.	100	0	0
Allen, John, Esq.	20	0	0
Anderson & Thorburn, Messrs.	20	0	0
*Armitage, Sir E., & Sons, Ltd.	100	0	0
*Armitage, Sir Elkanah, & Sons	50	0	0
Armitage, S. F., Esq.	20	0	0
*Armstrong Bros. (Spectacles) (additional).....	50	0	0
Armstrong, Messrs. T., & Bros. (a clock)	10	10	0
Artingstall, George, Esq.	10	10	0
*Ashton, Thomas, Esq.	100	0	0
*Ashton, Thomas, Esq.	500	0	0
Bacup Co-operative Store.....	25	0	0
*Bannerman, David, Esq.	100	0	0
*Bannerman, Mrs.—“in memoriam, David Bannerman”....	200	0	0
*Bannerman & Sons, Messrs.....	100	0	0
Barbour, Miss	25	0	0
*Barbour Bros., Messrs.	50	0	0
*Barbour, Messrs. R., & Brother	50	0	0
Barclay, Robert, Esq.	20	0	0
Barlow & Jones, Messrs.	10	10	0
Barlow & Jones, Messrs.	20	0	0
Barnes, Alfred, Esq.....	10	0	0
Barton, H. J. Hope, Esq.....	20	0	0
*Bazley, Sir Thomas, Bart.	50	0	0
*Behrens, The Messrs.	100	0	0
*Behrens, Messrs. S. L., & Co.	50	0	0
*Beith, Stevenson, & Co., Messrs.	100	0	0
Bellhouse, Messrs. J. & W.....	20	0	0
Bennington, Miss	10	10	0
Best, Miss	10	10	0
*Beyer, Peacock, & Co., Messrs.	100	0	0
*Binyons, Robinson, & Co., Messrs.....	50	0	0
Blacklock, Messrs. H., & Co.,	25	0	0
Bluet, Rev. C. C.	10	0	0
B. N.....	10	0	0
*Boddington, Henry, Esq.	100	0	0
Bolton, H. H., Esq.	10	0	0
*Booth, Mrs.	300	0	0

Bowers, James, per Dr. Little.....	20	0
*Bradford, Miss	100	0
Bradford, Thomas, Esq.	10	10
Bradley, W. H., Esq.	25	0
*Bragg & Waghorn, Messrs., Exors. of Edward Byron Noden..	100	0
*Bridgewater Trustees, The	50	0
*Brooks, Sir W. Cunliffe, Bart., M.P.	200	0
*Brooks, Sir William Cunliffe, Bart., M.P.	100	0
*Broome, Joseph, Esq.	50	0
Brunner, Sir John, M.P.	10	10
*Buckley, Samuel, Esq.	50	0
*Burton, Messrs. E. & F.	100	0
Burton, Mr. Oliver	10	10
*Callender, Son, & Co., Messrs.....	100	0
Carlisle, Brother, & Co., Messrs.....	25	0
*Carlton, James, Esq.....	105	0
Carriek & Brockbank, Messrs.	10	0
Carver Brothers & Co., Messrs.	25	0
Carver Brothers & Co., Messrs.	25	0
*Chadwick, David, Esq.	100	0
*Chapman, Miss	500	0
Chapman, John, Esq.	20	0
Charlewood, Henry, Esq.....	25	0
*C. J. S.	100	0
*Clegg, Harry, Esq.	50	0
Clemson, Messrs. W., & Co.	25	0
Close, Messrs. John, & Co.	10	10
*Collie, Messrs. Alexander, & Co.	50	0
Co-operative Printing Society	10	10
*Co-operative Wholesale Society	50	0
Cope, Richard, Esq.	10	10
*Corporation of Manchester	200	0
*Crewdson, Alfred, Esq.	50	0
Crewdson, Theodore, Esq.	25	0
Crewe Co-operative Friendly Society.....	10	10
Crompton Co-operative Provident Society	10	10
Cross, Herbert, Esq.	20	0
Crossley, F. W., Esq.	31	10
*Crum, Messrs. Walter, & Co.	50	0
*Curtis, Sons, & Co., Messrs.	50	0
*Dawson, James, Esq.	250	0
*Davies, Richard, Esq.	50	0
Dehn, Messrs. B. A., & Melchoir.....	25	0
*Derby, Earl of	500	0
*Dewhurst, Messrs. G. & R.	200	0
*Dilworth, Messrs. James, & Son	100	0
Donald, George, Esq.	10	10
*Donner, Sir and Lady Edward.....	50	0
Douglas, Stewart, Esq.	20	0
Ducie, Earl	20	0
*Dugdale, Messrs. John, & Brother.....	100	0
Dugdale, Messrs. John, & Sons.....	25	0
Durham, Charles, Esq.....	30	0
*Dyson, A. K., Esq.	100	0
Dyson, Arthur Kay, Esq.	25	0

	£	s.	d.
*Egerton of Tatton, Lord	100	0	0
Fairbairn & Sons, Messrs.....	10	10	0
Faulkner, Robert, Esq.	20	0	0
Fenton, Joseph, Esq.	10	10	0
*Fielding Brothers, Messrs.	120	0	0
*Fielden, Samuel, Esq.	600	0	0
*Fraser, Mrs.	50	0	0
Freemasons (Moir Lodge), Stalybridge.....	11	0	0
*Friend, A, per Mr. D. Procter	100	0	0
*Friend, A, per Alderman Goldschmidt	200	0	0
Fisher, G. F., Esq.	10	0	0
*Gaddum & Co., Messrs.	50	0	0
Galbraith, A., jun., Esq.	25	0	0
*Galloway, W. Lewis, Esq.	50	0	0
*Galloway, Messrs. W. and J., & Sons.....	50	0	0
*Gaskell, Miss	50	0	0
*Gill, Mr. & Mrs. F. J.	100	0	0
Gill, Messrs. Thomas, & Sons	10	10	0
*Gledhill, Manasseh, Exors. of the late.....	1,000	0	0
*Goldschmidt, The late Alderman	200	0	0
*Goldschmidt, Philip, Esq.	50	0	0
Gottschalk, Messrs. G., & Co.	25	0	0
*Grafton, Frederick W., Esq.	50	0	0
*Grafton, F. W., Esq.....	250	0	0
*Grafton, J. H., Esq.....	50	0	0
*Graham, Messrs. W., & Co.....	50	0	0
Grant, Messrs. William, & Brothers.....	20	0	0
Great and Little Bolton Co-operative Society.....	31	10	0
*Great Central Railway Co.	100	0	0
Grey, The Hon. and Very Rev. A.	10	10	0
*Greenhalgh, Andrew, Esq.	1,000	0	0
Hahlo, George, Esq.	25	0	0
Haigh, Joseph, Esq., Hon. Treasurer, Todmorden Hospital Fund	10	10	0
Halliday, Messrs. John, & Brother.....	10	0	0
*Hampson, Jonathan R., Esq.	100	0	0
Hampson, Robert, Esq.	25	0	0
Hanover Mill Company.....	10	10	0
Harding, John, Esq.....	25	0	0
Hargreaves Brothers, & Co., Messrs.	20	0	0
Harling, John E.	125	0	0
Harrison, Messrs., Sons, & Co.....	20	0	0
*Hatton, James, Esq.	1,000	0	0
Hawkins & Taylor, Messrs.	20	0	0
*Heaven, J. R., Esq.....	50	0	0
Heron, Sir Joseph, Knight	10	0	0
Heynssen, Martenson, & Co.	25	0	0
*Heywood, Arthur Henry, Esq.	100	0	0
*Heywood, C. J., Esq.	200	0	0
*Heywood, Charles James, Esq.	100	0	0
*Heywood, Edward Stanley, Esq.	121	0	0
*Heywood, Oliver, Esq.....	500	0	0
*Heywood, Oliver, Esq.....	100	0	0
*Hilton, E., Esq.....	50	0	0

Hodgson, J., Esq.....	£ 10	s. 10
Holford, Mr.....	10	10
Hornby, Messrs. W. H., & Co.....	25	0
*Houghton, Lady, Bold Hall.....	50	0
Howard of Glossop, The Right Hon. Lord.....	10	10
*Howard of Glossop, The late Lord.....	100	0
*Houldsworth Messrs. Thomas, & Co.....	100	0
Hoyle, Caleb, Esq., J.P., nominee of Todmorden Hospital Fund Committee	35	0
Hoyle, Messrs. Joshua, & Sons.....	25	0
Hudson, R. S., Esq.....	10	0
Hudson, Sydney, Esq.	25	0
Hyde Equitable Co-operative Society.....	10	0
*Jackson, H. B., Esq.....	100	0
Jaffé & Sons, Messrs.	25	0
*Jardine, James, Esq.....	500	0
Jewsbury & Brown.....	20	0
Johnson, Richard, Esq.	25	0
*Johnson, Thomas, Esq.	50	0
Jones Brothers & Co., Messrs.	10	10
Jones, Thomas Edward, Esq.	25	0
Kendal, Milne, & Co., Messrs.	10	0
*Kennedy, John L., Esq.....	50	0
Kent, G. S., Esq., Exors. of Mrs. Kent, formerly Negroponte..	40	0
*Kessler & Co., Messrs.....	100	0
*Knoop, Julius D.....	100	0
*Knowles, Andrew, Esq.....	50	0
*Knowles, John, Esq., per Dramatic Fund.....	120	0
Koecher, Mrs.	10	0
Lancashire, J. H., Esq.	30	0
*Lancashire & Yorkshire Railway Co.	100	0
*Langworthy, Mrs.....	1,000	0
Langworthy, Edward R., Esq.....	25	0
Lawrence, Mr. Studley Park	10	10
Lee, Daniel, Esq.....	35	10
*Leech, Messrs. John, & Son	100	0
Leedham, F. H., Esq.....	25	0
Leedham, F. W., Esq.....	10	10
Lees, Miss.....	30	0
*Lees, Charles E., Esq.....	100	0
*Lees, Charles E., Esq.....	500	0
*Lees, Eli, Esq.	500	0
*Leppoc, Henry J., Esq.....	100	0
Leppoc, H. J., Esq., for a Friend.....	20	0
*"Lewis's"	105	0
*Lightbown, Henry, Esq.....	50	0
Lilly, John, Esq.....	25	0
*Little, Dr.....	100	0
*Lloyd, Thomas, Esq.....	50	0
Lomax, Mr. C.....	10	10
London & North-western Railway Company.....	20	0
Lord, Mr. John	10	10
Loyd, Edward, Esq.	10	10
Lupton, Miss	25	0

	£	s.	d.
Macintosh, Messrs. C., & Co.	20	0	0
*Mackie, Ivie, Esq.	100	0	0
Mackison, T. F., Esq.	10	0	0
Maden, Messrs. John, & Sons	25	0	0
*Manchester, Bishop of (the late), and Mrs. Fraser.	50	0	0
Manning, J. D., Esq.	10	10	0
Marriott, H. R., Esq.	25	0	0
Marrison, M. G., Esq. Castleton	10	0	0
Mason, Hugh, Esq.	20	0	0
*Mason, Hugh, Esq.	100	0	0
*Mather and Platt, Messrs.	50	0	0
McKerrow, Alderman	10	0	0
*M'Connell, W. B., Esq.	50	0	0
*M'Laren, Messrs. James, & Nephews	50	0	0
Melland & Coward, Messrs.	25	0	0
*Mendel, Sam, Esq.	100	0	0
*Moseley, Charles, Esq.	50	0	0
Mossley Operative Spinners' Association	31	10	0
Munn, Messrs. John, & Co.	25	0	0
*Munn, Messrs. John, & Co.	100	0	0
Murray, Mrs.	20	0	0
*Murray, Mr. and Mrs. A.	52	10	0
*Musical Festival, The Committee of the Manchester.	100	0	0
Needham, J. C., Esq.	10	0	0
*Neill, Messrs. R., & Sons	105	0	0
Neill, Robert, Esq.	20	0	0
Nelson Co-operative Society	10	0	0
Newton, Mrs.	41	0	0
*Nichols, Humphrey, Esq.	1,359	0	0
*O. C. A.	100	0	0
O. C. A., per A. K. Dyson	25	0	0
Occleston, Mr.	25	0	0
Oddfellows, I.O., Cheetham Hill District	10	10	0
Oddfellows, N.I.O., Manchester District	21	0	0
*Oldham Co-operative Society	63	0	0
*Oldham Corporation	200	0	0
Oldham Operative Spinners' Association	20	0	0
Oliver, James, Esq.	25	0	0
*Openshaw, A., Esq.	250	0	0
*Overseers of Manchester	100	0	0
*Parlane, James, Esq.	100	0	0
*Parlane, James, Esq.	50	0	0
*Parlane, Mrs. (the late), per Mrs. David Bannerman	200	0	0
*Parrott, James, Esq.	100	0	0
Patteson, Messrs. J. and H.	10	0	0
Payne & Galloway, Messrs.	20	0	0
*Peel, Messrs. John, & Co.	100	0	0
*Peel, Charles, Esq.	50	0	0
*Pennington & Bridgen, Messrs.	50	0	0
*Philips, Robert N., Esq.	100	0	0
*Philips, Messrs. J. N., & Co.	20	0	0
*Philips, Messrs. J. N., & Co.	10	10	0
*Philips, Messrs. J. N., & Co.	500	0	0

	£	s.
Pickup, Miss	20	0
*Pickup, Miss	100	0
Pickles, Mr. Fred, Secretary to Todmorden Musical Festival Committee	12	0
Pierpoint, Benjamin, Esq.	10	0
*Platt, Mrs.	200	0
*Platt Brothers & Co., Ltd.	105	0
*Platt, Mrs. Robert, Exors. of	300	0
*Potter, Messrs. Edmund, & Co.	50	0
Potters & Norris, Messrs.	10	0
Preston, Miss Mabel	10	10
Prestwich Overseers	10	10
*Procter, Daniel, Esq.	100	0
Radford, W., Esq.	10	0
*Railton, Miss Eliza	20	0
*Ralli Bros., Messrs.	50	0
Ree, H. P., Esq.	20	0
*Reiss Brothers, Messrs.	100	0
*Reiss, James, Esq.	50	0
Robinson, Messrs. George, & Co.	25	0
Robinson, John, Esq.	25	0
*Rochdale Equitable Pioneers' Society	63	0
*Rose, Councillor	50	0
Royds, Rev., E.	11	0
Royds, Rev. James	10	10
*Rumney, Robert, Esq.	50	0
Rusden, R. D., Esq.	10	10
*Rylands & Sons, Messrs.	100	0
*Sacr�, Charles, Esq.	50	0
Samelson, Dr. A.	15	10
Salomonson, H., Esq.	10	10
Satterfield & Co., Messrs.	20	0
*Schuster, Fulda, & Co., Messrs.	50	0
*Schunck, Souchay, Messrs.	50	0
*Schwabe, Salis, & Co., Messrs.	50	0
Scott, Mrs.	10	0
*Scott, Wm., Esq.	100	0
Seddon, J. S., Esq.	10	10
Sharp Brothers & Co., Messrs.	20	0
Sharp, Stewart, & Co., Messrs.	25	0
Sharp, Stewart, & Co., Messrs.	25	0
Shelmerdine, Thomas, Esq.	25	0
*Shepherd, Messrs. George and James	50	0
Sidebottom, Mrs.	10	10
Sidebottom, James, Esq.	25	0
*Silkenst�dt, J. G., Esq.	100	0
Skelton, Messrs. W. and G.	20	0
Slater, Mrs.	20	0
*Slater, William, Esq.	50	0
Smith, E., Esq.	20	0
Smith, Henry G., Esq.	10	10
*Smith, Miss Jane E.	100	0
Smith, Messrs. James, & Sons	25	0
*Souchay, Mrs.	200	0

	£	s.	d.
Stalybridge I.O. Oddfellows	10	0	0
*Standing, Thomas, Esq., The Exors. of the late	500	0	0
Starkie, Dowager Mrs.	10	0	0
*Stavert, Zigomala, & Co., Messrs.	50	0	0
Stavert, Zigomala, & Co., Messrs.	30	0	0
*Stockport District I.O. Oddfellows, M.U.	124	10	0
Stockport Oddfellows	20	0	0
Stockport Power Loom Weavers' Association	10	0	0
*Strauss, Henry S., Esq.	50	0	0
Strauss, Mrs. Josephine	20	0	0
Stretton, B., Esq.	25	0	0
*Strines Printing Company	50	0	0
Stuart, John, Esq.	20	0	0
Sykes, Messrs. Richard, & Co.	10	10	0
*Tatham, Leonard, Esq.	50	0	0
Tatton, Thomas W., Esq.	10	10	0
*Taylor, John, Esq.	100	0	0
*Taylor, John, Esq.	500	0	0
Thomasson, Mrs. John P.	10	10	0
Thompson, J. H., Esq.	10	0	0
Thorburn, William, Esq.	25	0	0
Thorneycrofts, Miss	10	10	0
Todd & Coston, Messrs.	25	0	0
*Tootal Broadhurst & Lee, Messrs.	100	0	0
*Turner, Miss	100	0	0
*Vicers, Thomas, Esq.	100	0	0
*Waddell, Mrs.	100	0	0
Walker, J., Esq.	45	0	0
Wallwork, James, Esq.	10	10	0
*Walthew, John, Esq.	50	0	0
Warrington Corporation	10	10	0
*Watts, G. F., Esq.	50	0	0
*Watts, George F., Esq.	50	0	0
*Watts, Mr.	50	0	0
Webbe, F. W., Esq.	10	0	0
Webbe, F. W., Esq. (additional)	10	0	0
Westhead, Messrs. J. P. & E.	20	0	0
Whitehead, F. F., Esq.	21	0	0
*Whitehead, J., Esq.	50	0	0
Whitehead, John, Esq.	10	10	0
Whitworth Co-operative Society	10	0	0
*Whitworth, Sir Joseph, & Co., Ltd.	100	0	0
*Williams, G. M., Esq.	50	0	0
Wilton (the late) Earl of	25	0	0
Winkworth, Mr. & Mrs. Stephen	20	0	0
*Wood, M. Bateson	50	0	0
Wood, William, Esq.	10	10	0
*Worrall, James, Esq.	100	0	0
*Worthington, James, Esq.	500	0	0
Wrigley, Miss Emma	20	0	0
*Zigomala, J. C., Esq.	50	0	0

ENLARGEMENT OF THE OXFORD ROAD BUILDING

List of Contributions already received or promised.

	£	s.
The Trustee of the late Mr. Manasseh Gledhill.....	2,000	0
The Trustees of the late Miss Mary Middleton.....	524	4
Andrew Greenhalgh, Esq. (five annual payments).....	500	0
Alderman H. J. Goldschmidt, J.P.	500	0
Mrs. Oscar B. Goldschmidt, out of money bequeathed to her by her husband for charitable purposes.....	500	0
Executors of W. Bashall Park, per Dr. Emrys Jones.....	500	0
Mrs. David Bannerman	300	0
Miss Gaskell	300	0
The Co-operative Wholesale Society, Ltd.....	250	0
The Fine Cotton Spinners' and Doublers' Association, Ltd....	250	0
Manchester and Salford Hospital Saturday Fund, apportionment of Colonel Clapham's donation.....	241	15
Messrs. James Dilworth & Son.....	200	0
Mrs. Samuel Fielden.....	200	0
W. G. Groves, Esq.....	200	0
Alderman Edward Holt, J.P.	200	0
The Trustees of the late Mr. Daniel Procter.....	200	0
The Trustees of the late Miss Hayley	150	0
P. W. Kessler, Esq.....	150	0
Proceeds of Entertainment by Minnehaha Amateur Minstrels..	133	6
Charles S. Agnew, Esq.	100	0
Sir William Agnew	100	0
Mrs. Thomas Ashton	100	0
T. G. Ashton, Esq., M.P.	100	0
Messrs. Ashton Brothers & Co., Ltd.	100	0
"In memory of Mrs. Edward Behrens"	100	0
Miss Best (in memory of her parents)	100	0
A J. S. Bles, Esq.	100	0
Joseph Broome, Esq., J.P.	100	0
Mr. & Mrs. Alfred Butterworth, Werneth	100	0
Mr. & Mrs. Donner	100	0
A Friend, per Alderman H. J. Goldschmidt	100	0
T. J. Gill, Esq.	100	0
C. E. Glascott, Esq., M.D.....	100	0
R. P. Goldschmidt, Esq.	100	0
Messrs. Richard Goodair, Ltd.	100	0
J. H. Grafton, Esq.....	100	0
A. Hill Griffith, Esq., M.D.	100	0
Louis Grommé, Esq.	100	0
George Harrison, Esq.....	100	0
Sir W. H. Houldsworth, Bart.....	100	0
Messrs. Kessler & Co., Ltd.	100	0
Sir William Mather.....	100	0
C. J. Miller, Esq.	100	0
Alfred Midgley, Esq.	100	0
Edwin Oliver, Esq.	100	0

	£	s.	d.
Messrs. J. & N. Philips & Co.....	100	0	0
Messrs. Reiss Brothers.....	100	0	0
Edward Roberts, Esq., M.R.C.S.	100	0	0
Mrs. Rylands.....	100	0	0
Dr. Arthur Schuster.....	100	0	0
F. L. Steel, Esq.	100	0	0
H. H. Smith-Carington, Esq.	100	0	0
Messrs. J. Summers & Sons, Ltd., Stalybridge	100	0	0
Mrs. E. Tootal Broadhurst	100	0	0
H. Worrall, Esq.	100	0	0
Sir Frank Forbes Adam, C.I.E.	50	0	0
A. Ahrens, Esq.	50	0	0
Mr. and Mrs. Russell Allen	50	0	0
R. Norton Barclay, Esq.	50	0	0
Henry Bell, Esq., Mayor of Stockport	50	0	0
M. S. Bles, Esq.	50	0	0
Frederick Cawley, Esq., M.P.	50	0	0
Messrs. George Fraser, Sons, & Co.	50	0	0
Francis F. Grafton, Esq.	50	0	0
George Hahlo, Esq., J.P.	50	0	0
Miss Mary Harrison, Holly House, Fallowfield	50	0	0
S. Hinrichsen, Esq.	50	0	0
R. E. Hodgson, Esq.	50	0	0
George C. Haworth, Esq.	50	0	0
Mrs. Kolp	50	0	0
Adam Murray, Esq.	50	0	0
John R. Oliver, Esq.	50	0	0
" Ormskirk "	50	0	0
Gerald Peel, Esq., J.P.	50	0	0
Pendleton Industrial Co-operative Society, Ltd.	50	0	0
Edward Pilkington, Esq.	50	0	0
Alderman W. T. Rothwell, J.P.	50	0	0
Councillor John Royle, J.P.	50	0	0
Paul H. Schill, Esq.	50	0	0
L. Tatham, Esq.	50	0	0
Miss C. B. Birley.....	50	0	0
Manchester City Football Club (Practice Matches).....	40	12	3
Eccles Provident Industrial Co-operative Society, Ltd. (Jubilee Gift)	25	0	0
W. Lockett Agnew, Esq.	25	0	0
A. W. Arning, Esq.	25	0	0
Messrs. T. Armstrong & Bro.	25	0	0
John Aspell, Esq., Mayor of Middleton	25	0	0
Alec Beith, Esq.	25	0	0
G. Beatson Blair, Esq.	25	0	0
Benjamin Carver, Esq.	25	0	0
T. A. Drew, Esq.	25	0	0
Eccles Provident Industrial Co-operative Society	25	0	0
Messrs. William Evans & Co.	25	0	0
William Finnigan, Esq.	25	0	0
Ernest Frank, Esq.	25	0	0
Alfred Gaddum, Esq.	25	0	0
W. L. Galloway, Esq.	25	0	0
Miss Julia Gaskell	25	0	0
Mrs. R. P. Goldschmidt	25	0	0
Messrs. G. P. Gunnis & Co.	25	0	0

	£	s.	d.
J. C. Hilton, Esq., J.P.	25	0	0
Sir W. H. Hornby, Bart., M.P.	25	0	0
E. Hulton, Esq.	25	0	0
James E. Jones, Esq., Mayor of Rochdale	25	0	0
Messrs. Kendal, Milne, & Co.	25	0	0
Miss Melland	25	0	0
Standen Paine, Esq.	25	0	0
Messrs. Platt Bros. & Co., Ltd.	25	0	0
Messrs. Henry Simon, Ltd.	25	0	0
Frederick Taylor, Esq.	25	0	0
John Voss, Esq.	25	0	0
James Whitehead, Esq.	25	0	0
Messrs. Ph. Ziegler & Co.	25	0	0
J. R. Murray, Esq.	21	0	0
Oldham Industrial Co-operative Society, Ltd.	21	0	0
V. K. Armitage, Esq.	20	0	0
C. H. Arning, Esq.	20	0	0
E. Ascoli, Esq.	20	0	0
Mrs. Mark Ashton	20	0	0
John L. Barker, Esq.	20	0	0
Charles Behrens, Esq.	20	0	0
Messrs. Adolphus Beer, Sons, & Simon	20	0	0
Neville Clegg, Esq., J.P.	20	0	0
Sidney G. Goldschmidt, Esq.	20	0	0
W. Heap Holland, Esq.	20	0	0
Charles Hopkinson, Esq., M.Inst.C.E.	20	0	0
J. Ingleby, Esq.	20	0	0
William Lees, Esq.	20	0	0
Messrs. Julius Liepmann & Co., Ltd.	20	0	0
John Lomax, Esq.	20	0	0
J. D. Manning, Esq.	20	0	0
Mrs. Parlane	20	0	0
Miss Railton	20	0	0
Ernest D. Simon, Esq.	20	0	0
William Stones, Esq.	20	0	0
C. F. Worrall, Esq.	20	0	0
Mr. and Mrs. Asheton Atkinson (for garden)	20	0	0
Lancaster and Skerton Co-operative Society	15	0	0
Miss Ellen Aspell	10	10	0
Accrington and Church Co-operative Society	10	10	0
Crewe Co-operative Friendly Society	10	10	0
Councillor Harold Elverston	10	10	0
Samuel Firth, Esq.	10	10	0
M. Schlesinger and A. Frischmann, Esqs.	10	10	0
J. M. Gledhill, Esq.	10	10	0
Great and Little Bolton Co-operative Society, Ltd.	10	10	0
Francis Kemp, Esq.	10	10	0
"R." per P. W. Kessler, Esq.	10	10	0
J. H. Lancashire, Esq. J.P.	10	10	0
Lady Maclure	10	10	0
W. McGill, Esq.	10	10	0
Workmen's Accident Fund, Vickers, Sons, & Maxim, Ltd., Engineering Department	10	0	0
Ludwig Aron, Esq.	10	0	0
Messrs. Carrick & Brockbank	10	0	0

	£	s.	d.
John W. Barclay, Esq.	10	0	0
Mrs. Ashton	10	0	0
E. Crewdson, Esq.	10	0	0
James Cunliffe, Esq.	10	0	0
R. Dempster, Esq.	10	0	0
James Fildes, Esq.	10	0	0
G. H. Gaddum, Esq., J.P.	10	0	0
J. Forbes.	10	0	0
John P. Garnett, Esq.	10	0	0
Francis Godlee, Esq.	10	0	0
H. P. Greg, Esq.	10	0	0
James Halliday, Esq.	10	0	0
Henry Harrison, Esq., J.P.	10	0	0
Messrs. R. Heath & Sons, Ltd.	10	0	0
Miss L. Heine	10	0	0
Gerald G. P. Heywood, Esq.	10	0	0
James S. Hoyle, Esq.	10	0	0
M. Kalisch, Esq.	10	0	0
Julius Kullmann, Esq.	10	0	0
H. D. Ledward, Esq.	10	0	0
Councillor W. F. Lane-Scott	10	0	0
The Lord Bishop of Manchester	10	0	0
Charles Marx, Esq.	10	0	0
Isaac Naylor, Esq.	10	0	0
Mrs. Moseley	10	0	0
Messrs. Nasmyth, Wilson, & Co., Ltd.	10	0	0
Miss Pickup	10	0	0
Hans Renold, Esq.	10	0	0
W. Ruttenau, Esq.	10	0	0
John Sadler, Esq.	10	0	0
Oscar Samson, Esq.	10	0	0
S. Sternberg, Esq.	10	0	0
John A. Wood, Esq.	10	0	0
Crewe and District Hospital Fund.	10	0	0
A Friend, per Mr. P. W. Kessler	10	0	0
Messrs. Charles Macintosh & Co., Ltd.	10	0	0
Blackley Co-operative Society	6	6	0
Barrow-in-Furness Co-operative Society.	5	5	0
Messrs. Brotherton, Harrop, & Co., Ltd.	5	5	0
Councillor A. Burgon	5	5	0
Co-operative Printing Society	5	5	0
Dalton-in-Furness Co-operative Society	5	5	0
Messrs. R. & J. Dempster.	5	5	0
Miss G. Ferguson.	5	5	0
Fylde Industrial Co-operative Society.	5	5	0
Greenfield Co-operative Society.	5	5	0
Messrs. M. Hertz & Co.	5	5	0
Messrs. J. Hetherington & Sons, Ltd.	5	5	0
Macclesfield Equitable Provident Society	5	5	0
Miss McLean	5	5	0
Oldham Operative Cotton Spinners' Association	5	5	0
J. G. Porter, Esq.	5	5	0
Henry A. Smith, Esq., per Dr. Glascott	5	5	0
John Singleton, Esq.	5	5	0
W. W.	5	5	0
Thomas E. Sutcliffe, Esq., J.P.	5	5	0

	£	s.	d.
Mr. and Mrs. James F. Butterworth	5	0	0
Dalton-in-Furness Surgical Aid Society	5	0	0
Edward Deakin, Esq.	5	0	0
Mr. H. Fairbrother	5	0	0
Glossop Dale New Industrial Co-operative Society	5	0	0
H. E. Gresham, Esq.	5	0	0
Henry Hiller, Esq.	5	0	0
Isaac Holden, Esq.	5	0	0
Higher Hurst Co-operative Society	5	0	0
Mrs. F. Kessler.....	5	0	0
Messrs. S. Marsden & Co., Ltd.....	5	0	0
J R. Murray.....	5	0	0
C. Mazzebach, Esq.	5	0	0
Mrs. Rayner	5	0	0
Miss Rowcliffe	5	0	0
William Simpson, Esq.....	5	0	0
Henry Stadelbauer, Esq.....	5	0	0
Messrs. Steinthal & Co.	5	0	0
Stockport Operative Cotton Spinners' Association.....	5	0	0
T. N. Toller, Esq.....	5	0	0
Messrs. Tweedales & Smalley, Ltd.	5	0	0
Walkden Provident Industrial Co-operative Society	5	0	0
Workmen's Accident Fund, Vickers, Sons, & Maxim, Ltd., Ship- building Department	5	0	0
Mrs. Taylor.....	5	0	0
Sale of old laundry plant.....	10	15	0
Sums under £5	104	3	0
Contributed by Patients.....	1807	9	0

EXTENSION FUND.

Special donations towards a sum of One thousand pounds to be con-
tributed by old patients for the naming of a bed : "The Old Patients' Bed"

An Old Patient.....	50	0	0
William Shepherd.....	0	10	0
Charles Daniels	0	2	0

- RULES -

OF THE

MANCHESTER ROYAL EYE HOSPITAL.

Name,
Government. I.—This charity shall be known and distinguished by the name of the “MANCHESTER ROYAL EYE HOSPITAL”; and the government thereof shall be vested in the hands of the trustees, qualified as hereafter mentioned.

Trustees:
Out-patients’
Recommendations. II.—All persons subscribing One Guinea and upwards annually shall be Trustees. Every Trustee shall be entitled to recommend twenty Out-patients a year, and the authorised representative of any township, body corporate, society, or firm, contributing such amount, shall possess the same privilege. Every Trustee shall be at liberty to vote at any General Meeting; and ladies, who are trustees, shall be entitled to vote by proxy, such proxy being a Trustee. Any clergyman, or other minister of religion, shall for the twelve calendar months next after payment of a collection made by him in aid of the Hospital, be entitled to recommend twenty Out-patients.

Life Trustees. III.—All persons contributing the sum of Ten Guineas and upwards, at any one time, shall be Trustees during life; and the authorised representative of any township, body corporate, or society, contributing the like sum, shall be a Trustee.

Trustees
ex-officio. IV.—The Honorary Medical Officers of this Hospital shall be Trustees *ex-officio*, having the power also of admitting In-patients without recommendation in all cases of emergency.

In-patients’
Recommendations. V.—Subscribers of £3. 3s. per annum shall, in addition to the title conferred by Rule II., have the privilege of recommending in the course of the year for the term of six weeks each, two *Indoor patients*, free from all charge for board and lodging; Subscribers of £4. 4s. per annum, four free, and so on, one additional patient for every guinea over four. Every life Trustee, having contributed at any one time the amount of Fifty Pounds or upwards, shall have the privilege of recommending in the course of every year three In-door patients, for the term of six weeks each, free from charge as above.

Subscriptions,
when due. VI.—All subscriptions for the current year shall be deemed to become due on the 1st day of January.

Loss of Trustee
ship through
non-payment.

VII.—No subscriber's recommendation shall be accepted when his subscription is more than twelve months in arrear; and a copy of this rule shall be sent to subscribers so circumstanced.

General Meetings:
Annual
and Special.

VIII.—An Annual General Meeting of the Trustees shall be held in January, for the purpose of receiving a report from the Board of Management and transacting other customary business; and Special General Meetings shall be held at such times as may be determined upon by the Board of Management; six days' notice of all such General Meetings to be given by advertisement in two Manchester papers, and not less than five Trustees being present to constitute the meeting.

Legislation.

IX.—The power of making and repealing laws shall be vested only in the General Meeting; and no proposal for altering any of the rules of the Hospital shall be received, unless at least a fortnight's notice of such intended alteration has been given by advertisement in two of the Manchester papers.

Honorary Officers
and Board
of Management.

X.—At the Annual General Meeting of Trustees a President, six Vice-Presidents, a Treasurer, and Honorary Secretary, two Auditors, and a Board of Management shall be elected. The Board of Management shall consist of twelve members, in addition to the Treasurer and Honorary Secretary *ex-officio*. The Board shall have the power of electing or displacing the Honorary Medical Officers and all paid Officials and Servants, and of superintending the entire management of the Institution. The meetings of this Board shall be held at least monthly, and two shall form a quorum, except in the election of any Honorary Medical Officers, when the quorum shall be eight.

Finances.

XI.—The finances of the Charity shall be under the control of the Board of Management, who shall have the immediate management thereof.

Donations and
Legacies.

XII.—All donations and legacies exceeding £50 (except when otherwise specially given) shall be invested as soon as conveniently may be, and the interest thereon shall be available for current annual expenses. Donations and legacies not exceeding £500, and not given specially for investment, may be applied towards the current annual expenses. The Capital of the funds of the Charity shall not be dealt with, except for the purposes of investment, without the sanction of the Trustees at the Annual General Meeting or a Meeting specially called for that purpose, but any sum or sums not exceeding £250 in any one year may be applied out of the capital of the funds to meet deficiencies on Revenue Account.

Special Trustees. XIII.—There shall be four Special Trustees in whom shall be vested all the property of the Charity (except such as shall be in the hands of the Treasurer or the Bankers) upon trust solely for the use and benefit of the Charity. Such Special Trustees shall be elected at an Annual General Meeting of the Trustees, or at any Meeting of the Trustees specially called for that purpose, and the names of such Trustees shall be printed in the Annual Report. Any vacancies occurring amongst the Special Trustees during any year may be filled up by the Board of Management, who may, if they think fit, appoint any member or members of the Board to supply such vacancies.

Investments. XIV.—The funds of the Charity shall, with the approval of the Board of Management, be invested in the names of the Special Trustees in any stocks, funds, or securities, in or upon which trust funds may for the time being be authorised by law to be invested, or in or upon the bonds, debentures, debenture stock, mortgages, or securities of any public, municipal, or local body or authority in the United Kingdom, but not in any stocks, funds, bonds, shares, or securities to bearer or transferable by mere delivery or delivery and endorsement, though coming within the general description of investments hereinbefore authorised, with power at the discretion of the Board to vary or transpose such investments into or for others of any nature hereinbefore authorised.

Cheques. XV.—All moneys received on behalf of the Hospital shall be deposited in such bank or banks as the Board of Management shall approve. All cheques for current expenses of the Hospital shall be signed by any one of such members of the Board as shall be specially appointed by the Board for that purpose, and countersigned by the Honorary Secretary or the Secretary. Cheques drawn on Capital Account shall be signed by the Treasurer, and any one of the above-named members, or without the Treasurer by any two of the above-named members, and countersigned in each case by the Honorary Secretary or the Secretary.

Deeds and Securities. XVI.—All deeds and securities belonging to the Charity, or relating to the invested funds, shall be deposited at the Bankers of the Charity, or at the Hospital in a safe provided for the purpose.

Honorary Medical Officers; Paid Officers. XVII.—The Honorary Medical Staff shall consist of one or more Consulting Surgeons and two or more Ordinary or Assistant Surgeons. When a Surgeon has fulfilled the duties of his office for a period of twenty years, he shall be entitled to become, at his own option, Consulting Surgeon, and any Surgeon having attained the age of sixty-five years, shall be

placed on the list of Consulting Surgeons. Such Honorary Medical Officers shall form a Medical Board, and meet at least once in three months, to consider any medical question connected with the Hospital, or which may from time to time be referred to them by the Board of Management. The officials of the Hospital shall be a House Surgeon, a Secretary and Collector, a Matron and a Dispenser.

Surgeons' Qualifications. XVIII.—Every candidate for the office of Honorary Medical Officer, or of House Surgeon to the Hospital shall be a legally qualified practitioner.

Vacancies. XIX.—When a vacancy shall happen in the office of Honorary Medical Officer, or House Surgeon, no election shall take place to fill such vacancy without public notice being given by the Board of Management, in two Manchester papers, fourteen days at least previous to such election.

House Surgeon. XX.—The House Surgeon shall devote his whole time and attention to the service of the Hospital. He shall assist the Surgeons on their respective days of attendance, and under the direction of the Board of Management and the Medical Board shall have the supervision of the internal working of the Hospital, so far as the medical department is concerned. He shall also keep such books and discharge such other duties as may be assigned to him in the "Regulations" of the Hospital.

Secretary. XXI.—The Secretary and Collector shall, under the direction of the Board of Management, devote his whole time and attention to the service of the Hospital; he shall attend the meetings of the Board and Committees, minute down and register all their proceedings, keep the books and accounts of the Hospital and collect all subscriptions.

Chairman. XXII.—The Chairman of any Meeting of the Board shall have a right to vote on every question; and if the votes be equal, he shall have a second or casting vote.

Auditors. XXIII.—The auditors shall examine the accounts of the Institution once a year at the least; and such accounts to the 1st of January, signed by them, together with a Report of the number of Patients admitted and discharged within the year, shall be produced at the Annual General Meeting.

Patients' Time of Admission. XXIV.—Patients shall be admitted every day except Sunday, from half-past nine to twelve o'clock, and at such other hours as the Board of Management for the time being may direct, but in cases of Accident at any time.

Patients for Hospital Relief. XXV.—No person shall be admitted a patient at the Hospital who is able to pay for advice, of which the Trustees are particularly desired to make every inquiry previous to granting a recommendation.